Health and Wellness

Alberta Health Care Insurance Plan
Statistical Supplement
2006/2007

Alberta

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Introduction

What is the Alberta Health Care Insurance Plan?

The Alberta Health Care Insurance Plan (AHCIP) is a publicly funded health care plan. It is established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to Albertans. They are:

- basic health coverage for insured services provided by physicians, dentists/oral surgeons and hospitals. In addition to these services, which are required by the *Canada Health Act*, the AHCIP also provides limited coverage for services provided by allied practitioners, such as chiropractors, optometrists (for residents 18 and under and 65 and over) and podiatrists. All residents of Alberta are required to register for AHCIP coverage, but have the option to opt out. There is a monthly premium for this coverage, except for those individuals and their dependants who are enrolled in special coverage categories (such as seniors, recipients of Alberta Widows' Pension or Income Support) or individuals entitled to full premium assistance.

- supplemental health insurance through Alberta Blue Cross Non-Group plans, for pharmaceutical and selected health service coverage. These supplemental plans cover services beyond those required by the *Canada Health Act* and are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Coverage is available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. Premium-free coverage is provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage is provided to people who have been diagnosed as needing palliative care who receive their health care at home.

What can I find in the Statistical Supplement?

Alberta Health and Wellness publishes the Statistical Supplement as an extension of the *Alberta Ministry of Health and Wellness Annual Report 2006/2007*. Data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans out of the country are provided. The Statistical Supplement also reports data on the Alberta Blue Cross Non-Group Plans.

How is data reported in the Statistical Supplement?

This edition of the Statistical Supplement reports data for the period April 1, 2006 to March 31, 2007. Where feasible, data covers a five-year period to assist in longer-term comparisons. Regional health authority data are provided only for the current year, since regional boundaries are subject to change, making data for previous years incomparable. Boundaries were last adjusted on December 1, 2003.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Alberta Blue Cross Non-Group Coverage, which reports data on a date-of-payment basis.

Note: Some totals in the Statistical Supplement differ from those in the Annual Report. The Statistical Supplement uses claims payment data from the Claims Assessment System (CLASS), based on date-of-service, while the Annual Report uses financial statement data, based on date-of-payment, from the Alberta Government Integrated Management Information System (IMAGIS).

Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories;
- regional health authority services and costs (e.g. hospital and home care services and costs); and
- Alberta Cancer Board services and costs.

The aforementioned information is in the *Alberta Ministry of Health and Wellness Annual Report 2006/2007*. A copy of the Annual Report can be found in the publications section on the Alberta Health and Wellness website at www.health.alberta.ca. If you would like a printed copy of the report and are calling from the Edmonton area, dial 427-7164. For other areas of Alberta call toll-free by dialing 310-0000, then 780-427-7164 when prompted.

Did You Know?

Albertans expect the best possible care and outcomes when they use the health system. Alberta Health and Wellness established a quality framework including six dimensions of quality health services:

1) acceptability,
2) appropriateness,
3) effectiveness,
4) efficiency,
5) accessibility, and
6) safety.

Did You Know?

All seniors receive premium-free coverage. Seniors and their dependants do not pay AHCIP premiums or premiums for Alberta Blue Cross Non-Group coverage, regardless of their income.

Section 1: Registration

Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data broken down by premium status and subsidy level, and by age and gender as at March 31, 2007.

Highlights

- A total of 3,384,625 Albertans were entitled to basic health coverage. This is an increase of 3 per cent compared to 2005/2006. Included in this total are 29,477 individuals who have temporary Canada entry documents (e.g. Minister's Permits, Work Permits, Study Permits) and are registered with the AHCIP.

- Overall, 24 per cent of the total population covered by the AHCIP paid reduced premiums or were fully exempt from paying premiums in 2006/2007.

- On average, during 2006/2007, approximately 7,600 Albertans (4,700 registrations) per month were on the Waiver of Premiums Program.

- All seniors received premium-free coverage during 2006/2007. As of October 1, 2004, seniors and their dependants no longer pay AHCIP premiums, regardless of their income.

- The number of Employment, Immigration and Industry (EII) Income Support recipients who received premium-free coverage was 87,395; an increase of 1 per cent compared to the 2005/2006 year.

- The number of EII Alberta Widows' Pension recipients, who also received premium-free coverage, decreased by 24 per cent (to 1,079) compared to those covered in 2005/2006. The numbers continue to decline because the program has not accepted applications since April 2004.

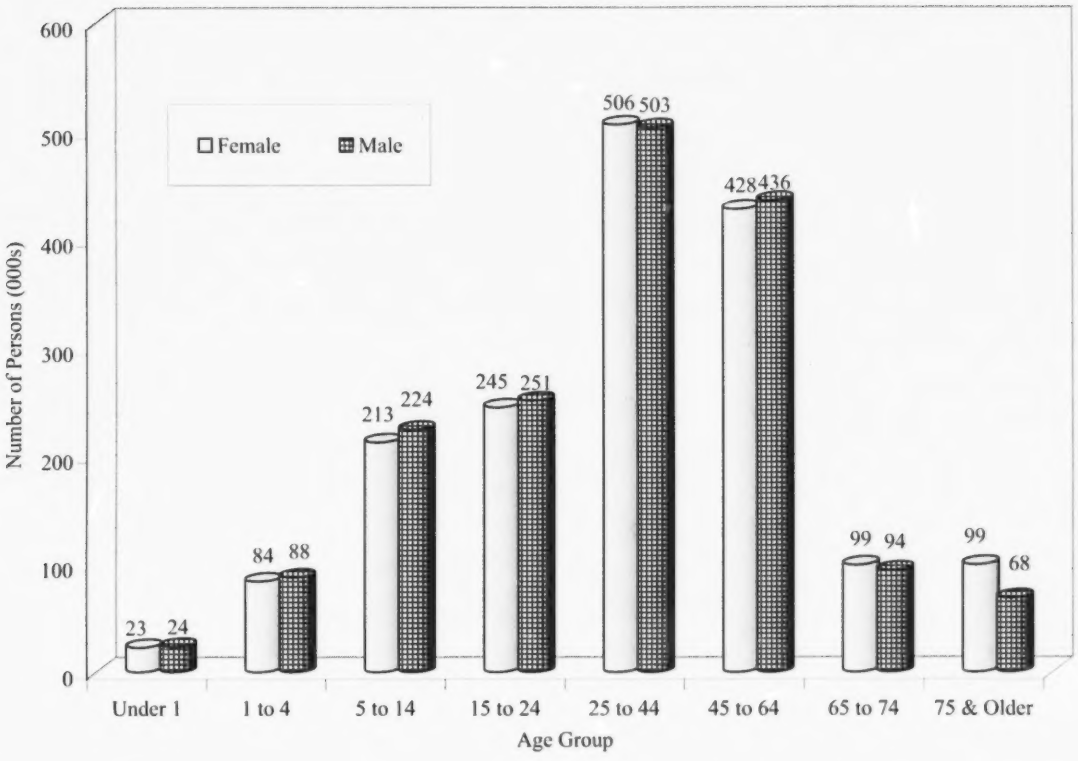
- In 2006/2007, the number of Albertans who chose to opt out of the AHCIP decreased to 255 compared to 294 in 2005/2006.

Did You Know?

84% of covered Albertans received at least one physician service last year.

Figures and Charts

Figure 1
Population Covered for Basic Health Benefits
Broken Down by Age and Gender
as at March 31, 2007



Explanatory Notes

Income Support Category

This category is comprised of Albertans who receive financial benefits through the Employment, Immigration and Industry (EII) Income Support Program. Income Support recipients receive premium-free AHCIP coverage.

Individual and Group Category

This category is comprised of Albertans who make AHCIP premium payments either directly to Alberta Health and Wellness or through group plans (e.g. employers who submit premiums on behalf of their employees).

Opting Out

Every year, Albertans who object in principle to the AHCIP may opt out. These individuals and their dependants are responsible for paying all of their health care expenses. People who opt out must do so for a full benefit year, which is July 1 of one year to June 30 of the following year.

Premium Assistance Programs

Premium rates for AHCIP coverage are $88 per month ($1,056 per year) for family coverage (two or more people) and $44 per month ($528 per year) for single coverage. To assist lower-income Albertans with the cost of premiums, Alberta Health and Wellness has two premium assistance programs which residents can apply for: 1) the Premium Subsidy Program and 2) the Waiver of Premiums Program.

Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his or her spouse/adult interdependent partner (if applicable) for the year preceding the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether there are children and/or a spouse/adult interdependent partner on the registration account.

2006/2007 Premium Subsidy Thresholds

Family Category	Full Subsidy*	Full Premiums*
Single	under $17,450	over $20,970
Family - no children	under $26,200	over $33,240
Family - with children	under $32,210	over $39,250

*If the combined incomes of the applicant and his/her spouse/partner fall in between the thresholds for full subsidy and full premiums, a partial subsidy is provided.

The Waiver of Premiums Program is designed to assist Albertans who are experiencing short-term financial difficulties. Eligibility is based on the average gross monthly income for the three calendar months prior to the date the application is signed. If there is a spouse or adult interdependent partner on the account, both individuals are required to report their income. If the average monthly income is under the qualifying level (shown below), premiums are waived for a six-month period.

2006/2007 Waiver of Premium Thresholds

Family Category	Income Level
Single	$1,430
Family - no children	$2,270
Family - with children	$2,670

Registrations

Registration data are based on the number of active registrations on the AHCIP files as of the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. There is usually one registration per family household. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are in Table 1.1 and Table 1.2.

The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Alberta Health and Wellness continually updates the AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.
- Members of the Armed Forces, members of the RCMP, and inmates of federal penitentiaries are covered by the federal government. They are not entitled to AHCIP coverage so they are not included in the data. However, their family members who live permanently in Alberta are entitled to AHCIP coverage and are included in the data, where applicable.

Seniors Category

Alberta Health and Wellness provides premium-free AHCIP and Alberta Blue Cross Non-Group coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Alberta Blue Cross Non-Group Coverage, for more details about Alberta Blue Cross coverage.

Widows' Pension Category

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through Employment, Immigration and Industry (EII) Alberta Widows' Pension (AWP) plan. As of April 1, 2004, no new applications have been accepted and EII staff direct people who inquire about the AWP to appropriate income support programs. With no new applicants, the number of AWP recipients continues to decline.

Currently, recipients of AWP and their eligible dependants receive both premium-free AHCIP coverage and Alberta Blue Cross Non-Group supplemental health coverage. Refer to Section 4, Alberta Blue Cross Non-Group Coverage, for more details about Alberta Blue Cross coverage.

Did You Know?

Over 24% of the total population covered by the Alberta Health Care Insurance Plan paid reduced premiums this year.

Table 1.1
Number of Registrations and Population Covered
as at March 31, 2003, 2004, 2005, 2006 and 2007[1]

Population Categories	Number of Registrations					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Individual and Group	1,223,618	1,250,087	1,272,089	1,310,030	1,369,270	2.16	1.76	2.98	4.52
Seniors	242,564	248,345	256,894	263,967	271,148	2.38	3.44	2.75	2.72
Widows' Pension	2,035	1,921	1,636	1,317	1,012	(5.60)	(14.84)	(19.50)	(23.16)
Income Support Recipents	51,787	53,485	56,800	55,559	56,741	3.28	6.20	(2.18)	2.13
Total	**1,520,004**	**1,553,838**	**1,587,419**	**1,630,873**	**1,698,171**	**2.23%**	**2.16%**	**2.74%**	**4.13%**

Population Categories	Population Covered					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Individual and Group	2,688,693	2,718,333	2,741,056	2,800,619	2,897,475	1.10	0.84	2.17	3.46
Seniors	354,589	363,201	376,993	387,723	398,676	2.43	3.80	2.85	2.82
Widows' Pension	2,239	2,098	1,778	1,415	1,079	(6.30)	(15.25)	(20.42)	(23.75)
Income Support Recipents	78,966	81,525	90,208	86,174	87,395	3.24	10.65	(4.47)	1.42
Total	**3,124,487**	**3,165,157**	**3,210,035**	**3,275,931**	**3,384,625**	**1.30%**	**1.42%**	**2.05%**	**3.32%**

(1) The population figures are as at March 31, calculated in July.

Table 1.2
Number of Registrations and Population Covered by Method of Premium Collection and Subsidy Level as at March 31, 2007[1]

Registration Status	Total		Single		Family	
	Registrations	Population	Registrations	Population	Registrations	Population
Non-Subsidized						
Individual and Group	1,205,458	2,565,750	568,243	568,243	637,215	1,997,507
Partial Reduction						
Individual and Group	14,861	31,404	7,506	7,506	7,355	23,898
Full Reduction						
Individual and Group	148,951	300,321	79,625	79,625	69,326	220,696
Seniors	271,148	398,676	148,008	148,008	123,140	250,668
Widows' Pension	1,012	1,079	960	960	52	119
Income Support Recipients	56,741	87,395	42,028	42,028	14,713	45,367
Subtotal	477,852	787,471	270,621	270,621	207,231	516,850
Total	**1,698,171**	**3,384,625**	**846,370**	**846,370**	**851,801**	**2,538,255**

(1) The population figures are as at March 31, calculated in July.

Did You Know?

The telephone inquiry unit receives almost 70,000 calls every month and 11,000 people come to our Edmonton and Calgary customer service counters every month.

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2003, 2004, 2005, 2006 and 2007[1]

Gender / Age Group	Total					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 1	38,810	40,155	40,517	42,345	46,276	3.47	0.90	4.51	9.28
1 - 4	156,101	155,949	158,354	163,440	171,756	(0.10)	1.54	3.21	5.09
5 - 9	210,261	208,723	206,883	206,546	209,644	(0.73)	(0.88)	(0.16)	1.50
10 - 14	230,458	229,393	227,377	226,653	227,270	(0.46)	(0.88)	(0.32)	0.27
15 - 19	232,542	233,259	236,176	238,690	242,793	0.31	1.25	1.06	1.72
20 - 24	227,934	233,727	237,132	242,791	253,204	2.54	1.46	2.39	4.29
25 - 29	223,438	227,029	231,404	237,671	251,514	1.61	1.93	2.71	5.82
30 - 34	229,209	229,807	230,953	233,747	243,674	0.26	0.50	1.21	4.25
35 - 39	245,416	238,698	234,910	238,786	247,224	(2.74)	(1.59)	1.65	3.53
40 - 44	275,925	275,902	273,916	268,707	266,877	(0.01)	(0.72)	(1.90)	(0.68)
45 - 49	255,436	262,678	268,455	273,737	280,346	2.84	2.20	1.97	2.41
50 - 54	201,872	211,392	221,753	234,312	247,449	4.72	4.90	5.66	5.61
55 - 59	158,544	167,091	176,968	187,239	193,283	5.39	5.91	5.80	3.23
60 - 64	115,230	120,634	126,021	131,377	142,609	4.69	4.47	4.25	8.55
65 - 69	94,903	96,580	98,603	101,780	106,016	1.77	2.09	3.22	4.16
70 - 74	83,662	84,554	85,401	86,193	87,008	1.07	1.00	0.93	0.95
75 - 79	64,072	65,960	68,194	70,705	72,662	2.95	3.39	3.68	2.77
80 - 84	44,811	46,616	47,789	49,303	50,361	4.03	2.52	3.17	2.15
85 & Older	35,863	37,010	39,229	41,909	44,659	3.20	6.00	6.83	6.56
Total	**3,124,487**	**3,165,157**	**3,210,035**	**3,275,931**	**3,384,625**	**1.30%**	**1.42%**	**2.05%**	**3.32%**

(1) The population figures are as at March 31, calculated in July.

...Continued

Did You Know?

Alberta has one of the youngest populations in Canada. Median age 36.0 years compared to 39.5 for Canada.

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2003, 2004, 2005, 2006 and 2007[1]

Gender / Age Group	Male					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 1	19,799	20,597	20,741	21,556	23,618	4.03	0.70	3.93	9.57
1 - 4	79,746	79,605	81,007	83,574	87,778	(0.18)	1.76	3.17	5.03
5 - 9	108,144	107,270	106,202	106,094	107,403	(0.81)	(1.00)	(0.10)	1.23
10 - 14	117,933	117,703	116,636	116,341	116,940	(0.20)	(0.91)	(0.25)	0.51
15 - 19	119,167	119,350	120,870	122,026	124,212	0.15	1.27	0.96	1.79
20 - 24	114,873	117,667	119,289	121,720	126,997	2.43	1.38	2.04	4.34
25 - 29	112,174	113,981	115,598	117,919	124,490	1.61	1.42	2.01	5.57
30 - 34	114,957	115,502	115,972	116,990	121,898	0.47	0.41	0.88	4.20
35 - 39	121,982	118,848	117,042	118,965	123,969	(2.57)	(1.52)	1.64	4.21
40 - 44	137,807	137,440	135,808	133,290	133,002	(0.27)	(1.19)	(1.85)	(0.22)
45 - 49	129,738	133,278	135,787	137,874	140,836	2.73	1.88	1.54	2.15
50 - 54	102,723	107,482	112,824	118,972	125,810	4.63	4.97	5.45	5.75
55 - 59	80,121	84,284	89,352	94,601	97,792	5.20	6.01	5.87	3.37
60 - 64	57,702	60,458	63,213	65,756	71,403	4.78	4.56	4.02	8.59
65 - 69	46,704	47,409	48,495	50,175	52,273	1.51	2.29	3.46	4.18
70 - 74	40,145	40,746	41,166	41,539	41,906	1.50	1.03	0.91	0.88
75 - 79	28,313	29,533	30,893	32,296	33,474	4.31	4.61	4.54	3.65
80 - 84	17,461	18,292	18,920	19,771	20,516	4.76	3.43	4.50	3.77
85 & Older	11,538	11,817	12,555	13,490	14,475	2.42	6.25	7.45	7.30
Total	**1,561,027**	**1,581,262**	**1,602,370**	**1,632,949**	**1,688,792**	**1.30%**	**1.33%**	**1.91%**	**3.42%**

(1) The population figures are as at March 31, calculated in July.

...Continued

Table 1.3
Distribution of Population by Age and Gender
as at March 31, 2003, 2004, 2005, 2006 and 2007[1]

Gender / Age Group	Female					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 1	19,011	19,558	19,776	20,789	22,658	2.88	1.11	5.12	8.99
1 - 4	76,355	76,344	77,347	79,866	83,978	(0.01)	1.31	3.26	5.15
5 - 9	102,117	101,453	100,681	100,452	102,241	(0.65)	(0.76)	(0.23)	1.78
10 - 14	112,525	111,690	110,741	110,312	110,330	(0.74)	(0.85)	(0.39)	0.02
15 - 19	113,375	113,909	115,306	116,664	118,581	0.47	1.23	1.18	1.64
20 - 24	113,061	116,060	117,843	121,071	126,207	2.65	1.54	2.74	4.24
25 - 29	111,264	113,048	115,806	119,752	127,024	1.60	2.44	3.41	6.07
30 - 34	114,252	114,305	114,981	116,757	121,776	0.05	0.59	1.54	4.30
35 - 39	123,434	119,850	117,868	119,821	123,255	(2.90)	(1.65)	1.66	2.87
40 - 44	138,118	138,462	138,108	135,417	133,875	0.25	(0.26)	(1.95)	(1.14)
45 - 49	125,698	129,400	132,668	135,863	139,510	2.95	2.53	2.41	2.68
50 - 54	99,149	103,910	108,929	115,340	121,639	4.80	4.83	5.89	5.46
55 - 59	78,423	82,807	87,616	92,638	95,491	5.59	5.81	5.73	3.08
60 - 64	57,528	60,176	62,808	65,621	71,206	4.60	4.37	4.48	8.51
65 - 69	48,199	49,171	50,108	51,605	53,743	2.02	1.91	2.99	4.14
70 - 74	43,517	43,808	44,235	44,654	45,102	0.67	0.97	0.95	1.00
75 - 79	35,759	36,427	37,301	38,409	39,188	1.87	2.40	2.97	2.03
80 - 84	27,350	28,324	28,869	29,532	29,845	3.56	1.92	2.30	1.06
85 & Older	24,325	25,193	26,674	28,419	30,184	3.57	5.88	6.54	6.21
Total	**1,563,460**	**1,583,895**	**1,607,665**	**1,642,982**	**1,695,833**	**1.31%**	**1.50%**	**2.20%**	**3.22%**

(1) The population figures are as at March 31, calculated in July.

Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dentists/oral surgeons, as well as some services provided by podiatrists, optometrists and chiropractors. Alberta practitioners receive fee-for-service payments and/or are paid through Alternate Relationship Plans (ARPs). See Table 2.17 for information about ARPs.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. ARP and Primary Care Network (PCN) data are reported separately in Tables 2.17 and 2.21, respectively.

Highlights

- In Alberta, 5,850 physicians and 1,561 allied practitioners received fee-for-service payments from the AHCIP during 2006/2007.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims remained constant at 1.7 per 1,000 patients.
- Of the 3,384,625 Albertans registered for coverage with the AHCIP, 84 per cent (2,848,553 people) received at least one fee-for-service physician service during 2006/2007.
  - A total of 72 per cent of these patients received services valued at $500 or less.
  - 13 per cent of these patients received physician services valued at more than $1,000. Payments for these patients accounted for 57 per cent of all fee-for-service physician expenditures.
- Office visits (assessments) and consultations accounted for 46 per cent of the fee-for-service payments made to Alberta physicians in 2006/2007. These services accounted for 72 per cent of the fee-for-service payments made to general/family physicians.
- About 26 per cent of Alberta's population, 889,943 Albertans, obtained allied health services (services provided by optometrists, podiatrists and chiropractors) in 2006/2007.
- Alberta Health and Wellness spent $71,209,350 on optometry, podiatry and chiropractic services in 2006/2007. Coverage for these services is not required by the *Canada Health Act*.
- A total of $11,768,511 was spent on optometry care for Alberta's children in 2006/2007.
- The AHCIP paid fee-for-service totaling $1,632,974,756 to Alberta physicians and allied health practitioners in 2006/2007. This figure represents a 6 per cent increase compared to 2005/2006.
- In 2006/2007, the average total fee-for-service payment per Alberta physician was $266,347 (1 per cent higher than it was in 2005/2006). This brought the median payment to $218,283 (a 0.58 per cent decrease compared to 2005/2006).

- A total of 603 physicians each received more than $500,000 in fee-for-service payments in 2006/2007. Of these, 101 were general/family physicians; an increase of 23 physicians compared to 2005/2006.

- A total of 123 physicians each received more than one million dollars in fee-for-service payments in 2006/2007. Twenty (20) of the 123 physicians received more than $2 million.

- In 2006/2007, a total of 862 physicians participated in ARPs. A total of $151,295,359 was spent on ARP expenditures.

- As of March 31, 2007, nineteen (19) PCNs were operating in eight health regions. These 19 PCNs involve a total of 949 physicians who provide services to 1,241,630 patients.

Charts and Figures

The following chart highlights fee-for-service payments made to Alberta practitioners in 2006/2007. The total overall payments to Alberta practitioners increased by 6 per cent over the previous year's payments.

2006/2007 Fee-For-Service Payments and Percentage Change

Practitioner	Overall Fee-For-Service Payments	Percentage Change from 2005/2006 to 2006/2007
Physicians*	$1,558,128,163	5.81
Dentists/Oral Surgeons	3,637,243	11.03
Chiropractors	43,479,957	4.06
Optometrists	19,804,346	(1.55)
Podiatrists	7,925,047	7.34
Allied Practitioner Sub-total	74,846,593	3.15
Total	**$1,632,974,756**	**5.68**

*$5.4 million of the overall payments made by the AHCIP to physicians was for pathology services (see Explanatory Notes).

The following chart highlights the number of Alberta practitioners who submitted fee-for-service claims to the AHCIP in 2006/2007. The total number of Alberta practitioners who submitted claims increased by 4 per cent over the previous year's submissions.

2006/2007 Practitioners Who Submitted Fee-For-Service Claims and Percentage Change

Practitioner	Number	Percentage Change from 2005/2006 to 2006/2007
Physicians	5,850	4.74
Dentists/Oral Surgeons	220	(4.35)
Chiropractors	890	3.37
Optometrists	397	3.93
Podiatrists	54	8.00
Total	**7,411**	**4.26**

Figure 2
Average Fee-For-Service Payments per Albertan to Physicians for Basic Health Services. Broken Down by Age and Gender, for the Fiscal Year April 1, 2006 to March 31, 2007

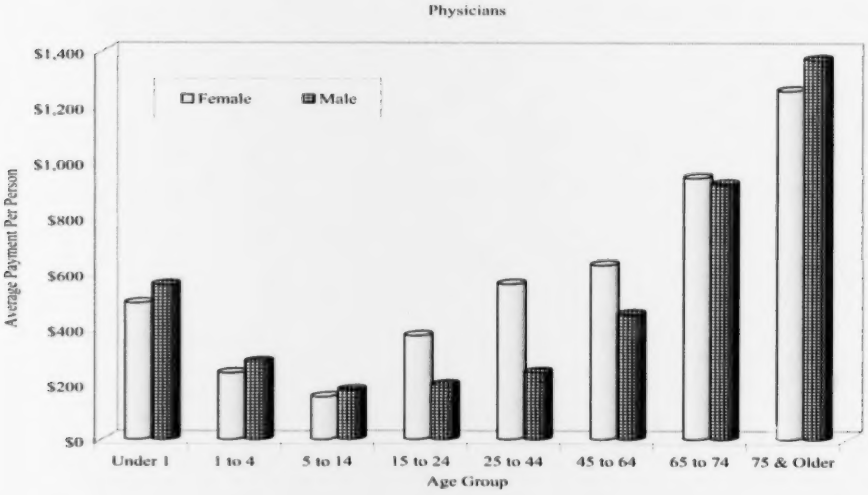
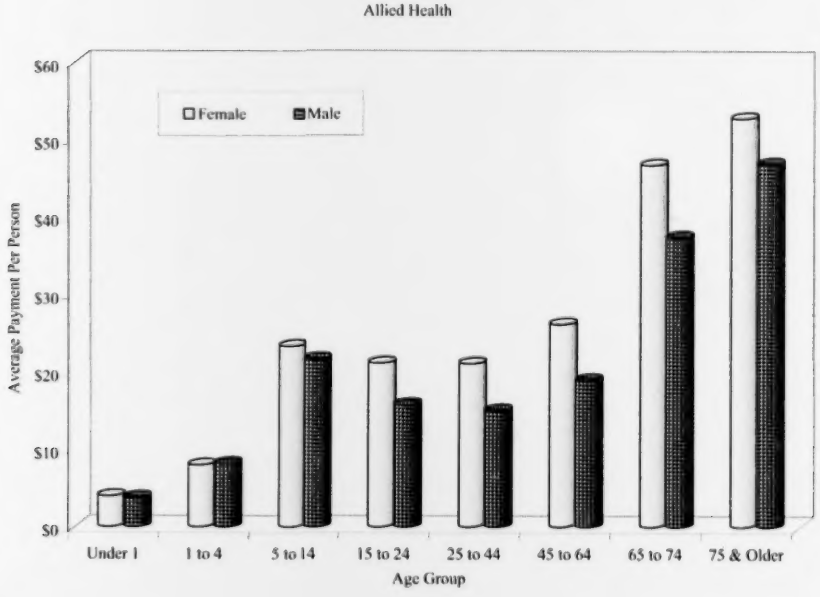


Figure 3
Average Fee-For-Service Payments per Albertan to Allied Practitioners for Basic Health Services. Broken Down by Age and Gender, for the Fiscal Year April 1, 2006 to March 31, 2007

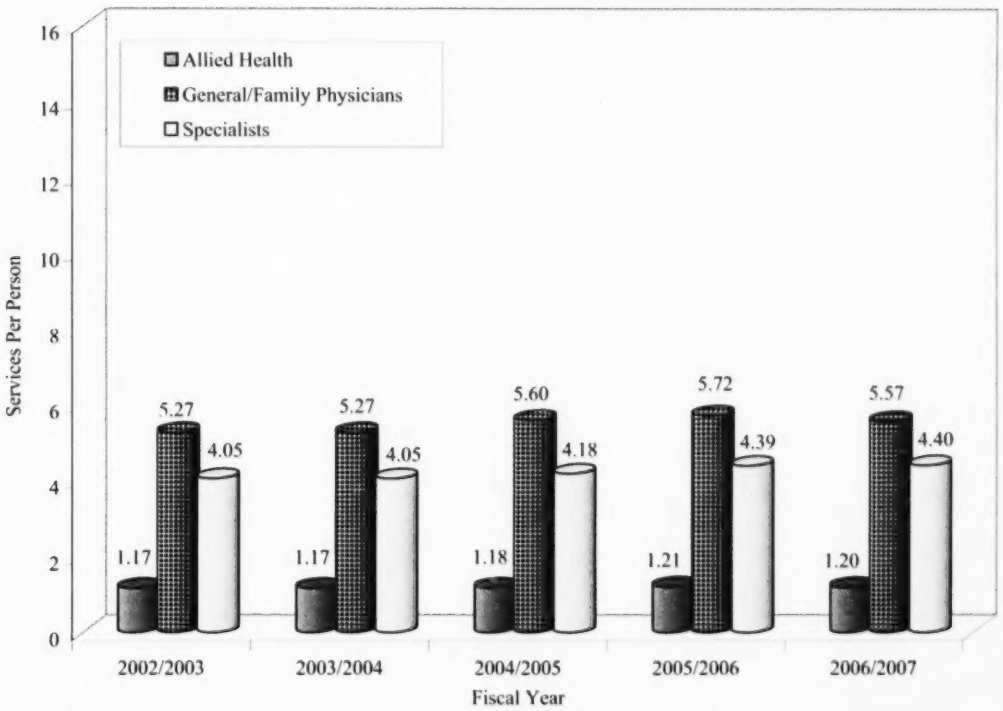


The following chart highlights the average fee-for-service cost per patient, sorted by practitioner type. The total average cost per patient in 2006/2007 increased by 3 per cent over the previous year's cost.

2006/2007 Fee-For-Service Cost Per Patient By Practitioner Type and Percentage Change

Practitioner	Average Fee-For-Service Cost/Patient	Percentage Change from 2005/2006 to 2006/2007
Physicians	$546.99	3.63
Dentists/Oral Surgeons	$327.24	16.41
Chiropractors	$90.00	0.16
Optometrists	$51.38	(3.94)
Podiatrists	$84.11	5.89
Total	**$553.88**	**3.27**

Figure 4
Average Number of Basic Health Services per Person for the Fiscal Years Ended March 31, 2003 to March 31, 2007[1]



(1) The data excludes pathologists. See Explanatory Notes for more details.

Explanatory Notes

Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

Pathology Services

The regional health authorities pay for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests, are still paid for by the Alberta Health Care Insurance Plan (AHCIP).

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to that of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income, because:

- some practitioners receive income from other sources (e.g. Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP);
- both full-time and part-time practitioners are included in the statistics;
- salaried positions and contractual arrangements with regional health authorities or private employers are not included;
- payments for services rendered to non-Albertans are not included; and
- the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.

Under special circumstances, physicians can claim and be paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2006/2007. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternate Relationship Plan data are reported separately from fee-for-service data (Table 2.17).

Manual payments totaling $17,461,049 made to Alberta physicians for the period October 1, 2003 to March 31, 2004, are not included in the data. These payments were made to address the 2.7 per cent fee increase negotiated through the Master Agreement and implemented retroactively to October 1, 2003.

Manual payments totaling $31,537,382 made to Alberta physicians for the period October 1, 2006 to March 31, 2007, are not included in the data. These payments were made to address the 4.5 per cent fee increase negotiated through the Master Agreement and implemented retroactively to October 1, 2006.

Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/oral surgeons, chiropractors, optometrists and podiatrists) who received fee-for-service payments from the AHCIP for basic health services.

Reporting Dates

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date-of-service to submit claims to the AHCIP for payment.

Types of Service

The types of services reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

Chiropractic Services

During the 2006/2007 year, the maximum benefit paid by the AHCIP was $13.61 for a chiropractic visit and $22.54 for an x-ray, with an annual patient limit of $200.

Optometry Services

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Optometry services for Albertans aged 19 to 64 years of age are not covered by the AHCIP.

Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of $250.

Manual payments totaling $32,505 made to Alberta podiatrists for the period January 1 to May 31, 2006 are not included in the data. These payments were made in relation to an agreement between Alberta Health and Wellness and the Alberta Podiatry Association to support podiatrists with credentials from the American Board of Podiatric Surgery or credentials from the American Board of Multiple Specialists in Podiatry and who have been granted hospital privileges by a regional health authority.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2003 to March 31, 2007

Indicators	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
REGISTRATIONS					
Population Covered	3,124,487	3,165,157	3,210,035	3,275,931	3,384,625
Number of Discrete Physician Patients [1]	2,642,193	2,689,453	2,728,340	2,789,879	2,848,553
Number of Discrete Patients per Physician	508	501	496	500	487
OVERALL PHYSICIAN SUMMARY					
Number of Physician Services Provided	29,328,923	30,044,400	31,683,660	33,428,098	34,031,123
Number of Physicians	5,206	5,363	5,501	5,585	5,850
Number of Physicians per 1,000 Persons	1.67	1.69	1.71	1.70	1.73
Number of Services per Physician	5,634	5,602	5,760	5,985	5,817
Number of Services per 1,000 Persons	9,387	9,492	9,870	10,204	10,055
Total Physician Payments	$1,225,626,637	$1,272,779,982	$1,348,724,184	$1,472,634,054	$1,558,128,163
Physician Payment per 1,000 Persons	$392,265	$402,122	$420,159	$449,531	$460,355
Average Payment per Physician	$235,426	$237,326	$245,178	$263,677	$266,347
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY					
Number of Physician Services Provided	29,096,188	29,790,613	31,404,205	33,106,838	33,750,122
Number of Physicians	5,187	5,343	5,481	5,562	5,829
Number of Physicians per 1,000 Persons	1.66	1.69	1.71	1.70	1.72
Number of Services per Physician	5,609	5,576	5,730	5,952	5,790
Number of Services per 1,000 Persons	9,312	9,412	9,783	10,106	9,972
Total Physician Payments	$1,221,557,525	$1,268,402,472	$1,343,843,049	$1,466,988,776	$1,552,727,236
Physician Payment per 1,000 Persons	$390,963	$400,739	$418,638	$447,808	$458,759
Average Payment per Physician	$235,504	$237,395	$245,182	$263,752	$266,380
ALLIED PRACTITIONER SUMMARY					
Number of Allied Services Provided	3,640,251	3,777,986	3,796,562	3,978,369	4,050,293
Number of Allied Practitioners	1,425	1,443	1,478	1,523	1,561
Number of Allied Practitioners per 1,000 Persons	0.46	0.46	0.46	0.46	0.46
Number of Services per Allied Practitioner	2,555	2,618	2,569	2,612	2,595
Number of Discrete Allied Patients [2]	787,371	807,961	820,959	863,748	889,943
Number of Discrete Patients per Allied Practitioner	553	560	555	567	570
Total Payments to Allied Practitioners	$61,714,534	$65,271,664	$68,398,242	$72,560,363	$74,846,593
Allied Practitioner Payment per 1,000 Persons	$19,752	$20,622	$21,308	$22,150	$22,114
Average Payment per Allied Practitioner	$43,308	$45,233	$46,278	$47,643	$47,948

Note: This table reflects fee-for-service data only.

Continued...

(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.

(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Table 2.1
Medical and Allied Practitioners: Selected Indicators
for the Service Years Ended March 31, 2003 to March 31, 2007

Indicators	Percentage Change			
	2004/2003	2005/2004	2006/2005	2007/2006
REGISTRATIONS				
Population Covered	1.30%	1.42%	2.05%	3.32%
Number of Discrete Physician Patients [1]	1.79	1.45	2.26	2.10
Number of Discrete Patients per Physician	(1.38)	(1.00)	0.81	(2.60)
OVERALL PHYSICIAN SUMMARY				
Number of Physician Services Provided	2.44	5.46	5.51	1.80
Number of Physicians	3.02	2.57	1.53	4.74
Number of Physicians per 1,000 Persons	1.20	1.18	(0.58)	1.76
Number of Services per Physician	(0.56)	2.81	3.92	(2.81)
Number of Services per 1,000 Persons	1.12	3.98	3.38	(1.47)
Total Physician Payments	3.85	5.97	9.19	5.81
Physician Payment per 1,000 Persons	2.51	4.49	6.99	2.41
Average Payment per Physician	0.81	3.31	7.54	1.01
PHYSICIAN SUMMARY EXCLUDING PATHOLOGY				
Number of Physician Services Provided	2.39	5.42	5.42	1.94
Number of Physicians	3.01	2.58	1.48	4.80
Number of Physicians per 1,000 Persons	1.81	1.18	(0.58)	1.18
Number of Services per Physician	(0.60)	2.76	3.89	(2.73)
Number of Services per 1,000 Persons	1.07	3.94	3.30	(1.33)
Total Physician Payments	3.83	5.95	9.16	5.84
Physician Payment per 1,000 Persons	2.50	4.47	6.97	2.45
Average Payment per Physician	0.80	3.28	7.57	1.00
ALLIED PRACTITIONER SUMMARY				
Number of Allied Services Provided	3.78	0.49	4.79	1.81
Number of Allied Practitioners	1.26	2.43	3.04	2.50
Number of Allied Practitioners per 1,000 Persons	0.00	0.00	0.00	0.00
Number of Services per Allied Practitioner	2.49	(1.89)	1.69	(0.67)
Number of Discrete Allied Patients [2]	2.62	1.61	5.21	3.03
Number of Discrete Patients per Allied Practitioner	1.34	(0.80)	2.10	0.52
Total Payments to Allied Practitioners	5.76	4.79	6.09	3.15
Allied Practitioner Payment per 1,000 Persons	4.40	3.33	3.95	(0.16)
Average Payment per Allied Practitioner	4.44	2.31	2.95	0.64

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.
(2) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.

Did You Know?

84% of Albertans received at least one fee-for-service physician service in 2006/2007. 13% of these patients received physician services valued at more than $1,000. Payments for these patients accounted for 57% of all fee-for-service physician expenditures.

Table 2.1A
Number of Services and Total Payments to Allied Practitioners by Service Category Code for the Service Year April 1, 2006 to March 31, 2007

Practitioner Type	Service Category Code	Number of Services	Total Payments
Chiropractors	Visit	3,239,695	$42,939,764
	Test (x-ray)	24,444	540,193
Dentists/Oral Surgeons	Procedures	11,205	3,238,544
	Visit	5,578	398,699
Optometrists	Visit	471,847	19,804,346
Podiatrists	Procedures	83,478	2,200,104
	Test (x-ray)	14,076	202,075
	Visit	199,970	5,522,868
Total		**4,050,293**	**$74,846,593**

Note: This table reflects fee-for-service data only.

Table 2.2
Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2003 to March 31, 2007

Physician Age Group	Number of Physicians					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	115	104	108	99	114	0.00	3.85	(8.33)	15.15
30 - 34	649	631	635	620	639	(2.77)	0.63	(2.36)	3.06
35 - 39	747	808	813	846	896	8.17	0.62	4.06	5.91
40 - 44	818	824	816	846	879	0.73	(0.97)	3.68	3.90
45 - 49	977	964	954	911	911	(1.33)	(1.04)	(4.51)	0.00
50 - 54	744	794	830	850	897	6.72	4.53	2.41	5.53
55 - 59	478	518	595	626	672	8.37	14.86	5.21	7.35
60 - 64	298	314	335	355	386	5.37	6.69	5.97	8.73
65 & Over	380	406	415	432	456	6.84	2.22	4.10	5.56
Total	**5,206**	**5,363**	**5,501**	**5,585**	**5,850**	**3.02%**	**2.57%**	**1.53%**	**4.74%**

Physician Age Group	Average Payments					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	$100,734	$114,401	$132,000	$143,907	$127,203	13.57	15.38	9.02	(11.61)
30 - 34	187,875	176,936	181,204	207,866	213,870	(5.82)	2.41	14.71	2.89
35 - 39	219,670	224,836	237,156	243,281	259,216	2.35	5.48	2.58	6.55
40 - 44	237,551	239,150	242,651	257,770	264,220	0.67	1.46	6.23	2.50
45 - 49	271,981	262,462	265,143	291,591	276,763	(3.50)	1.02	9.98	(5.09)
50 - 54	278,446	289,336	300,445	314,691	320,418	3.91	3.84	4.74	1.82
55 - 59	262,729	274,110	283,807	304,750	318,221	4.33	3.54	7.38	4.42
60 - 64	255,815	255,467	263,155	290,651	271,229	(0.14)	3.01	10.45	(6.68)
65 & Over	155,245	161,471	166,881	181,806	185,028	4.01	3.35	8.94	1.77
Total	**$235,426**	**$237,326**	**$245,178**	**$263,677**	**$266,347**	**0.81%**	**3.31%**	**7.54%**	**1.01%**

Note: This table reflects fee-for-service data only.

Table 2.2A
Number of Chiropractors and
Average Payments to Chiropractors within their Age Group
for the Service Years Ended March 31, 2003 to March 31, 2007

Chiropractor Age Group	Number of Chiropractors					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	115	94	93	96	88	(18.26)	(1.06)	3.23	(8.33)
30 - 34	227	229	241	213	200	0.88	5.24	(11.62)	(6.10)
35 - 39	152	168	163	183	210	10.53	(2.98)	12.27	14.75
40 - 44	84	91	102	118	129	8.33	12.09	15.69	9.32
45 - 49	73	81	87	79	80	10.96	7.41	(9.20)	1.27
50 - 54	67	73	65	69	73	8.96	(10.96)	6.15	5.80
55 - 59	47	45	52	60	59	(4.26)	15.56	15.38	(1.67)
60 - 64	18	21	28	28	35	16.67	33.33	0.00	25.00
65 & Over	18	14	13	15	16	(22.22)	(7.14)	15.38	6.67
Total	**801**	**816**	**844**	**861**	**890**	**1.87%**	**3.43%**	**2.01%**	**3.37%**

Chiropractor Age Group	Average Payments					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	$22,848	$24,323	$20,202	$24,671	$22,389	6.45	(16.94)	22.12	(9.25)
30 - 34	38,397	37,890	39,005	39,256	40,178	(1.32)	2.94	0.64	2.35
35 - 39	47,903	51,311	50,384	49,555	50,733	7.11	(1.81)	(1.65)	2.38
40 - 44	60,056	52,171	48,566	53,041	52,600	(13.13)	(6.91)	9.21	(0.83)
45 - 49	67,237	69,103	68,348	64,608	63,030	2.78	(1.09)	(5.47)	(2.44)
50 - 54	56,684	60,154	60,024	64,870	62,234	6.12	(0.22)	8.07	(4.06)
55 - 59	59,791	59,960	61,627	59,162	57,465	0.28	2.78	(4.00)	(2.87)
60 - 64	71,178	49,934	52,438	53,789	54,637	(29.85)	5.01	2.58	1.58
65 & Over	24,718	69,440	76,936	72,820	71,665	180.93	10.79	(5.35)	(1.59)
Total	**$46,082**	**$47,841**	**$47,353**	**$48,531**	**$48,854**	**3.82%**	**-1.02%**	**2.49%**	**0.66%**

Note: This table reflects fee-for-service data only.

Table 2.2B
Number of Dentists/Oral Surgeons
and Average Payments to Dentists/Oral Surgeons within their Age Group
for the Service Years Ended March 31, 2003 to March 31, 2007

Dentist/Oral Surgeon Age Group	Number of Dentists/Oral Surgeons					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	10	7	11	6	4	(30.00)	57.14	(45.45)	(33.33)
30 - 34	26	18	16	22	28	(30.77)	(11.11)	37.50	27.27
35 - 39	46	45	38	33	27	(2.17)	(15.56)	(13.16)	(18.18)
40 - 44	39	36	34	43	38	(7.69)	(5.56)	26.47	(11.63)
45 - 49	42	39	40	41	41	(7.14)	2.56	2.50	0.00
50 - 54	35	32	33	34	36	(8.57)	3.13	3.03	5.88
55 - 59	22	20	23	31	24	(9.09)	15.00	34.78	(22.58)
60 - 64	7	12	12	13	13	71.43	0.00	8.33	0.00
65 & Over	7	7	9	7	9	0.00	28.57	(22.22)	28.57
Total	**234**	**216**	**216**	**230**	**220**	**-7.69%**	**0.00%**	**6.48%**	**-4.35%**

Dentist/Oral Surgeon Age Group	Average Payments					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	$199	$649	$894	$409	$609	226.80	37.83	(54.26)	48.87
30 - 34	4,909	7,002	6,523	12,405	11,823	42.63	(6.85)	90.18	(4.69)
35 - 39	2,332	3,556	8,241	9,635	14,642	52.51	131.74	16.92	51.97
40 - 44	13,657	13,233	17,870	15,434	20,039	(3.10)	35.04	(13.63)	29.84
45 - 49	13,065	12,592	13,403	8,023	9,502	(3.62)	6.44	(40.14)	18.43
50 - 54	18,221	21,126	19,442	23,360	24,791	15.94	(7.97)	20.15	6.13
55 - 59	17,119	19,883	21,445	23,482	29,975	16.15	7.86	9.49	27.65
60 - 64	6,340	2,564	8,070	9,423	8,355	(59.56)	214.74	16.77	(11.34)
65 & Over	2,498	5,934	4,547	6,485	4,097	137.59	(23.38)	42.64	(36.83)
Total	**$10,233**	**$11,130**	**$13,165**	**$14,243**	**$16,533**	**8.77%**	**18.28%**	**8.19%**	**16.07%**

Note: This table reflects fee-for-service data only.

Table 2.2C
Number of Optometrists and
Average Payments to Optometrists within their Age Group
for the Service Years Ended March 31, 2003 to March 31, 2007

Optometrist Age Group	Number of Optometrists					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	48	47	53	50	56	(2.08)	12.77	(5.66)	12.00
30 - 34	86	86	84	86	88	0.00	(2.33)	2.38	2.33
35 - 39	40	48	55	68	71	20.00	14.58	23.64	4.41
40 - 44	32	31	32	29	33	(3.13)	3.23	(9.38)	13.79
45 - 49	44	45	39	38	35	2.27	(13.33)	(2.56)	(7.89)
50 - 54	31	39	38	40	40	25.81	(2.56)	5.26	0.00
55 - 59	34	37	33	33	31	8.82	(10.81)	0.00	(6.06)
60 - 64	16	14	21	25	27	(12.50)	50.00	19.05	8.00
65 & Over	9	11	12	13	16	22.22	9.09	8.33	23.08
Total	**340**	**358**	**367**	**382**	**397**	**5.29%**	**2.51%**	**4.09%**	**3.93%**

Optometrist Age Group	Average Payments					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 30	$38,632	$41,668	$42,820	$45,386	$42,627	7.86	2.76	5.99	(6.08)
30 - 34	46,702	49,791	53,587	54,855	51,149	6.62	7.62	2.37	(6.76)
35 - 39	41,370	40,707	48,626	50,262	48,556	(1.60)	19.45	3.36	(3.39)
40 - 44	47,531	48,266	52,114	56,267	55,264	1.55	7.97	7.97	(1.78)
45 - 49	54,047	53,726	59,031	59,075	53,860	(0.59)	9.87	0.07	(8.83)
50 - 54	45,682	48,510	54,248	58,574	64,237	6.19	11.83	7.98	9.67
55 - 59	55,539	49,964	50,339	50,975	44,879	(10.04)	0.75	1.26	(11.96)
60 - 64	36,224	39,342	48,318	61,726	50,453	8.61	22.82	27.75	(18.26)
65 & Over	25,967	25,429	17,506	20,495	27,305	(2.07)	(31.16)	17.08	33.23
Total	**$45,713**	**$46,592**	**$50,034**	**$52,659**	**$49,885**	**1.92%**	**7.39%**	**5.25%**	**-5.27%**

Note: This table reflects fee-for-service data only.

Table 2.2D
Number of Podiatrists and
Average Payments to Podiatrists within their Age Group
for the Service Years Ended March 31, 2003 to March 31, 2007

Podiatrist Age Group	Number of Podiatrists					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 35	12	10	5	4	7	(16.67)	(50.00)	(20.00)	75.00
35 - 39	14	16	19	16	17	14.29	18.75	(15.79)	6.25
40 - 44	7	9	10	14	12	28.57	11.11	40.00	(14.29)
45 - 49	6	5	7	6	6	(16.67)	40.00	(14.29)	0.00
50 - 54	5	7	4	3	5	40.00	(42.86)	(25.00)	66.67
55 & Over	6	6	6	7	7	0.00	0.00	16.67	0.00
Total	**50**	**53**	**51**	**50**	**54**	**6.00%**	**-3.77%**	**-1.96%**	**8.00%**

Podiatrist Age Group	Average Payments					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Under 35	$154,447	$113,058	$123,458	$113,765	$85,084	(26.80)	9.20	(7.85)	(25.21)
35 - 39	143,923	163,618	144,684	162,630	166,607	13.68	(11.57)	12.40	2.45
40 - 44	154,388	158,694	167,149	151,933	148,872	2.79	5.33	(9.10)	(2.01)
45 - 49	101,436	115,237	125,412	141,465	216,249	13.61	8.83	12.80	52.86
50 - 54	120,581	99,483	131,127	125,309	129,424	(17.50)	31.81	(4.44)	3.28
55 & Over	117,549	116,652	130,995	139,162	140,330	(0.76)	12.30	6.23	0.84
Total	**$137,316**	**$134,890**	**$141,689**	**$147,661**	**$146,760**	**-1.77%**	**5.04%**	**4.21%**	**-0.61%**

Note: This table reflects fee-for-service data only.

Did You Know?

In Alberta, 5,850 physicians and 1,561 allied practitioners received fee-for-service payments from the Alberta Health Care Insurance Plan during 2006/2007.

Table 2.3
Distribution of Physician and Allied Practitioner Payments and Services per Patient for the Service Year April 1, 2006 to March 31, 2007[1]

Practitioner Type	Total Payments	Number of Services	Average Cost per Service	Number of Discrete Patients[2]	Average Cost Per Discrete Patient	Average Number of Services Per Discrete Patient
Physicians	$1,558,128,163	34,031,123	$45.79	2,848,553	$546.99	12
Dentists/Oral Surgeons	3,637,243	16,783	216.72	11,115	327.24	2
Chiropractors	43,479,957	3,264,139	13.32	483,102	90.00	7
Optometrists	19,804,346	471,847	41.97	385,444	51.38	1
Podiatrists	7,925,047	297,524	26.64	94,217	84.11	3
Total	**$1,632,974,756**	**38,081,416**		**2,948,255**		
Averages Based on Totals			**$42.88**		**$553.88**	**13**

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

(2) Number of Discrete Patients contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.

Table 2.4
Total Number of Services Provided by Physicians and Allied Practitioners for the Service Years Ended March 31, 2003 to March 31, 2007

Practitioner Type	Number of Services					Percentage Change			
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Physicians	29,328,923	30,044,400	31,683,660	33,428,098	34,031,123	2.44	5.46	5.51	1.80
Dentists/Oral Surgeons	16,759	14,802	14,658	17,007	16,783	(11.68)	(0.97)	16.03	(1.32)
Chiropractors	2,916,471	3,040,001	3,052,733	3,198,845	3,264,139	4.24	0.42	4.79	2.04
Optometrists	420,149	431,148	440,891	469,263	471,847	2.62	2.26	6.44	0.55
Podiatrists	286,872	292,035	288,280	293,254	297,524	1.80	(1.29)	1.73	1.46
Total	**32,969,174**	**33,822,386**	**35,480,222**	**37,406,467**	**38,081,416**	**2.59%**	**4.90%**	**5.43%**	**1.80%**

Note: This table reflects fee-for-service data only.

Table 2.5A
Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2003 to March 31, 2007

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients[1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2002/2003	$10,010,029	274,109	$36.52	233,597	$42.85	1.17	820,551
2003/2004	$10,439,408	275,355	$37.91	236,503	$44.14	1.16	820,336
2004/2005	$11,427,267	280,094	$40.80	240,976	$47.42	1.16	821,643
2005/2006	$11,979,569	285,371	$41.98	249,878	$47.94	1.14	829,528
2006/2007	$11,768,511	286,037	$41.14	255,491	$46.06	1.12	849,493

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Table 2.5B
Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2003 to March 31, 2007

Year	Total Optometry Payments	Number of Optometry Services	Average Cost per Service	Number of Discrete Patients[1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2002/2003	$5,532,274	146,040	$37.88	96,426	$57.37	1.51	323,311
2003/2004	$6,240,498	155,793	$40.06	104,866	$59.51	1.49	330,720
2004/2005	$6,935,096	160,797	$43.13	108,889	$63.69	1.48	339,216
2005/2006	$8,136,349	183,892	$44.25	126,172	$64.49	1.46	349,890
2006/2007	$8,035,835	185,810	$43.25	129,953	$61.84	1.43	360,706

Note: This table reflects fee-for-service data only.
(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Did You Know?

72% of Albertans rate their satisfaction with overall quality of and access to health services as good or excellent.
Source: Health Quality Council of Alberta

Table 2.6
Total and Average Gross Payments to Physicians and Allied Practitioners by Practitioner Type for the Service Years Ended March 31, 2003 to March 31, 2007[1]

Practitioner Type	Number of Practitioners					Percentage Change			
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2004/2003	2005/2004	2006/2005	2007/2006
Physicians	5,206	5,363	5,501	5,585	5,850	3.02	2.57	1.53	4.74
Dentists/Oral Surgeons	234	216	216	230	220	(7.69)	0.00	6.48	(4.35)
Chiropractors	801	816	844	861	890	1.87	3.43	2.01	3.37
Optometrists	340	358	367	382	397	5.29	2.51	4.09	3.93
Podiatrists	50	53	51	50	54	6.00	(3.77)	(1.96)	8.00
Total	**6,631**	**6,806**	**6,979**	**7,108**	**7,411**	**2.64%**	**2.54%**	**1.85%**	**4.26%**

Practitioner Type	Total Payments					Percentage Change			
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2004/2003	2005/2004	2006/2005	2007/2006
Physicians	$1,225,626,637	$1,272,779,982	$1,348,724,184	$1,472,634,054	$1,558,128,163	3.85	5.97	9.19	5.81
Dentists/Oral Surgeons	2,394,458	2,404,042	2,843,638	3,275,978	3,637,243	0.40	18.29	15.20	11.03
Chiropractors	36,911,951	39,038,527	39,966,107	41,785,422	43,479,957	5.76	2.38	4.55	4.06
Optometrists	15,542,303	16,679,907	18,362,362	20,115,918	19,804,346	7.32	10.09	9.55	(1.55)
Podiatrists	6,865,822	7,149,189	7,226,135	7,383,045	7,925,047	4.13	1.08	2.17	7.34
Total	**$1,287,341,171**	**$1,338,051,646**	**$1,417,122,426**	**$1,545,194,417**	**$1,632,974,756**	**3.94%**	**5.91%**	**9.04%**	**5.68%**

Practitioner Type	Average Payment					Percentage Change			
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2004/2003	2005/2004	2006/2005	2007/2006
Physicians	$235,426	$237,326	$245,178	$263,677	$266,347	0.81	3.31	7.54	1.01
Dentists/Oral Surgeons	10,233	11,130	13,165	14,243	16,533	8.77	18.29	8.19	16.07
Chiropractors	46,082	47,841	47,353	48,531	48,854	3.82	(1.02)	2.49	0.66
Optometrists	45,713	46,592	50,034	52,659	49,885	1.92	7.39	5.25	(5.27)
Podiatrists	137,316	134,890	141,689	147,661	146,760	(1.77)	5.04	4.21	(0.61)
Total	**$194,140**	**$196,599**	**$203,055**	**$217,388**	**$220,345**	**1.27%**	**3.28%**	**7.06%**	**1.36%**

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2003 to March 31, 2007[1]

Dollar Range	Total					Physicians					Dentists/Oral Surgeons				
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Less than $10,000	551	561	568	570	655	220	252	271	271	347	198	182	178	192	186
10,000- 19,999	277	295	310	278	268	142	159	163	134	132	13	9	12	11	8
20,000- 39,999	523	559	554	545	587	241	262	255	237	254	4	7	5	4	2
40,000- 59,999	526	508	514	508	496	210	209	221	226	206	7	3	3	2	3
60,000- 79,999	421	454	458	434	483	243	260	246	204	254	5	8	5	5	4
80,000- 99,999	326	339	335	328	352	255	247	231	206	230	1	2	6	6	5
100,000-119,999	299	297	309	291	300	253	252	255	233	238	1	1	3	5	1
120,000-139,999	271	283	296	293	270	243	252	268	259	242	1	1	1		3
140,000-159,999	296	293	281	270	266	282	277	260	252	247				1	3
160,000-179,999	283	269	248	265	273	274	264	243	256	262	1			1	1
180,000-199,999	270	269	247	276	269	265	263	242	270	262					1
200,000-299,999	1,224	1,243	1,309	1,224	1,250	1,216	1,232	1,299	1,214	1,237	2	3	2	1	1
300,000-399,999	697	697	748	863	876	696	696	746	862	875	1		1	1	1
400,000-499,999	301	332	354	432	461	301	332	354	431	461				1	
500,000-599,999	113	132	150	190	212	112	132	150	189	212					
600,000-699,999	80	78	81	98	126	80	77	80	98	124					1
700,000-799,999	58	70	54	72	68	58	70	54	72	68					
800,000-899,999	36	34	43	33	37	36	34	43	33	37					
900,000-999,999	18	22	36	34	39	18	22	36	34	39					
1,000,000-1,999,999	56	66	75	86	103	56	66	75	86	103					
2,000,000 & Over[2]	5	5	9	18	20	5	5	9	18	20					
Total	**6,631**	**6,806**	**6,979**	**7,108**	**7,411**	**5,206**	**5,363**	**5,501**	**5,585**	**5,850**	**234**	**216**	**216**	**230**	**220**

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) The figures have been revised for 2003 to 2006 to reflect those physicians and allied practitioners that are in the gross payment range of over $2,000,000.

Table 2.7
Distribution of Physicians and Allied Practitioners by Gross Payment Range for the Service Years Ended March 31, 2003 to March 31, 2007[1]

Dollar Range	Chiropractors					Optometrists					Podiatrists				
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007
Less than $10,000	101	88	90	77	93	30	36	28	30	26	2	3	1		3
10,000- 19,999	99	98	99	101	91	23	29	34	32	37			2		
20,000- 39,999	185	198	208	219	231	91	90	86	84	100	2	2		1	
40,000- 59,999	193	194	194	193	187	115	98	92	84	99	1	4	4	3	1
60,000- 79,999	116	116	131	136	135	53	68	75	86	84	4	2	1	3	6
80,000- 99,999	48	64	64	75	87	18	21	28	38	28	4	5	6	3	2
100,000-119,999	34	30	36	31	41	8	11	13	14	14	3	3	2	8	6
120,000-139,999	17	20	13	20	15	1	4	7	9	5	9	6	7	5	5
140,000-159,999	4	3	5	5	4	1	1	4	3	2	9	12	12	9	10
160,000-179,999	2	1	0	1	2				2	1	6	4	5	5	7
180,000-199,999	1	2	2	2	2					1	4	4	3	4	3
200,000-299,999		1	1		1						6	7	7	9	11
300,000-399,999												1	1		
400,000-499,999															
500,000-599,999	1			1											
600,000-699,999		1	1		1										
700,000-799,999															
800,000-899,999															
900,000-999,999															
1,000,000-1,999,999															
2,000,000 & Over[2]															
Total	**801**	**816**	**844**	**861**	**890**	**340**	**358**	**367**	**382**	**397**	**50**	**53**	**51**	**50**	**54**

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) The figures have been revised for 2003 to 2006 to reflect those physicians and allied practitioners that are in the gross payment range of over $2,000,000.

Table 2.8
Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2003 to March 31, 2007

Year	Total Physician Payments	Number of Services	Average Cost per Service	Number of Discrete Patients[1]	Average Cost per Discrete Patient	Number of Services per Patient	Population Covered
2002/2003	$1,225,626,637	29,328,923	$41.79	2,642,193	$463.87	11.10	3,124,487
2003/2004	$1,272,779,982	30,044,400	$42.36	2,689,453	$473.25	11.17	3,165,157
2004/2005	$1,348,724,184	31,683,660	$42.57	2,728,340	$494.34	11.61	3,210,035
2005/2006	$1,472,634,054	33,428,098	$44.05	2,789,879	$527.85	11.98	3,275,931
2006/2007	$1,558,128,163	34,031,123	$45.79	2,848,553	$546.99	11.95	3,384,625
Percentage Change 2007/2006	**5.81**	**1.80**	**3.93**	**2.10**	**3.63**	**(0.29)**	**3.32**
Annual Average % Change for Last 5 Years	**6.18**	**3.79**	**2.31**	**1.90**	**4.21**	**1.85**	**2.02**

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.

Did You Know?

The number of Physicians in Alberta has increased 21% in the last four years.

Table 2.9
Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2006 to March 31, 2007

Dollar Range	Distribution of		
	Discrete Patients[1]	Payments	Services
$ 0.01 - 50.00	300,861	$9,431,388	313,605
50.01 - 100.00	421,802	30,912,404	881,319
100.01 - 200.00	546,656	79,733,639	2,161,682
200.01 - 300.00	358,425	88,314,079	2,273,247
300.01 - 400.00	247,061	85,844,527	2,132,189
400.01 - 500.00	178,126	79,676,007	1,929,910
500.01 - 600.00	130,992	71,720,405	1,704,059
600.01 - 700.00	98,355	63,698,493	1,481,890
700.01 - 800.00	76,107	56,935,548	1,304,510
800.01 - 900.00	60,102	50,982,811	1,147,160
900.01 - 1,000.00	48,867	46,344,874	1,024,305
1,000.01 - 2,000.00	234,254	326,378,698	6,740,483
2,000.01 - 3,000.00	76,249	184,672,719	3,560,179
3,000.01 - 4,000.00	31,851	109,400,191	2,119,713
4,000.01 - 5,000.00	14,733	65,467,467	1,296,301
5,000.01 & Over	24,112	208,614,914	3,960,571
Total	**2,848,553**	**$1,558,128,163**	**34,031,123**

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.

Did You Know?

Office visits and consultations account for 72% of payments to general/family physicians.

Table 2.9A
Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2006 to March 31, 2007

Dollar Range	Percentage Distribution		
	Discrete Patients[1]	Payments	Services
$ 0.01 - 50.00	10.56	0.61	0.92
50.01 - 100.00	14.81	1.98	2.59
100.01 - 200.00	19.19	5.12	6.35
200.01 - 300.00	12.58	5.67	6.68
300.01 - 400.00	8.67	5.51	6.27
400.01 - 500.00	6.25	5.11	5.67
500.01 - 600.00	4.60	4.60	5.01
600.01 - 700.00	3.45	4.09	4.35
700.01 - 800.00	2.67	3.65	3.83
800.01 - 900.00	2.11	3.27	3.37
900.01 - 1,000.00	1.72	2.97	3.01
1,000.01 - 2,000.00	8.22	20.95	19.81
2,000.01 - 3,000.00	2.68	11.85	10.46
3,000.01 - 4,000.00	1.12	7.02	6.23
4,000.01 - 5,000.00	0.52	4.20	3.81
5,000.01 & Over	0.85	13.39	11.64
Total	**100.00**	**100.00**	**100.00**

Note: This table reflects fee-for-service data only.

(1) Number of Discrete Patients contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.

Did You Know?

Office visits (assessments) and consultations accounted for 46% of the fee-for-service payments made to Alberta physicians in 2006/2007.

Table 2.10
Distribution of Physicians by Specialty
for the Service Years Ended March 31, 2003 to March 31, 2007

Physicians by Specialty	Number of Practitioners				
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Total: All Physicians	5,206	5,363	5,501	5,585	5,850
Subtotal:					
All Physicians (except Pathology)	5,187	5,343	5,481	5,562	5,829
All Specialists (except GP/FPs & Pathology)	2,346	2,406	2,455	2,440	2,592
Physicians by Specialty					
Anaesthesiology	262	260	281	291	304
Cardiovascular and Thoracic Surgery	22	22	22	25	25
Dermatology	34	34	40	39	39
Emergency Medicine	62	65	68	72	78
General/Family Physicians (GP/FPs)	2,841	2,937	3,026	3,122	3,237
- General/Family Physicians	2,669	2,760	2,845	2,937	3,032
- Full Time Emergency Room Physicians	143	150	157	160	172
- Mental Health Generalists	19	19	18	18	20
- Other General Practice Physicians[1]	10	8	6	7	13
General Surgery	144	150	155	157	170
- General Surgery designated specialty	131	137	139	141	153
- Other General Surgery	13	13	16	16	17
Internal Medicine	483	515	507	437	483
- Internal Medicine designated specialty	256	263	246	214	228
- Cardiology	63	66	61	50	58
- Endocrinology/Metabolism	7	7	7	2	2
- Gastroenterology	40	44	45	36	39
- Infectious Diseases	10	10	15	11	17
- Other Internal Medicine	107	125	133	124	139
Neurology	58	63	62	68	69
Neurosurgery	23	11	6	7	14
Obstetrics-Gynaecology	130	138	143	149	163
Ophthalmology	87	87	90	94	100
Orthopaedic Surgery	113	115	117	125	131
Otolaryngology	35	40	41	41	43
Paediatrics	236	229	223	216	231
Physical Medicine & Rehabilitation	28	29	30	29	32
Plastic Surgery	42	44	44	47	46
Psychiatry	320	329	342	352	357
- Psychiatry designated specialty	306	318	342	352	357
- Mental Health specialty	14	11	N/A	N/A	N/A
Urology	35	36	43	45	48
Laboratory Specialists	251	259	261	269	280
- Pathology	19	20	20	23	21
- Radiology	232	239	241	246	259

Note: This table reflects fee-for-service data only.

Continued...

(1) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10A
Distribution of Average Gross Payments
for the Service Years Ended March 31, 2003 to March 31, 2007[1]

Physicians by Specialty	Average Payment				
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Total: All Physicians	$235,426	$237,326	$245,178	$263,677	$266,347
Subtotal:					
All Physicians (except Pathology)	235,504	237,395	245,182	263,752	266,380
All Specialists (except GP/FPs & Pathology)	288,969	292,380	304,239	334,368	335,770
Physicians by Specialty					
Anaesthesiology	235,856	250,858	250,467	262,975	270,945
Cardiovascular and Thoracic Surgery	533,865	548,864	526,835	518,261	532,365
Dermatology	480,242	493,553	487,498	565,833	600,540
Emergency Medicine	178,498	164,810	171,518	188,638	202,127
General/Family Physicians (GP/FPs)	191,354	192,352	197,269	208,562	210,816
- General/Family Physicians	192,361	193,346	197,521	207,617	210,417
- Full Time Emergency Room Physicians	185,968	179,229	196,961	232,440	230,628
- Mental Health Generalists	146,280	189,103	201,927	197,192	204,779
- Other General Practice Physicians[2]	85,231	103,109	71,755	88,439	50,972
General Surgery	317,109	315,223	322,037	340,271	334,201
- General Surgery designated specialty	314,859	313,119	326,086	343,368	338,938
- Other General Surgery	339,777	337,398	286,859	312,974	291,562
Internal Medicine	246,196	245,007	244,325	300,025	290,103
- Internal Medicine designated specialty	213,110	218,624	210,232	235,310	224,337
- Cardiology	465,895	464,413	519,419	662,565	603,784
- Endocrinology/Metabolism	121,532	123,705	N/A	N/A	N/A
- Gastroenterology	288,611	273,610	251,750	307,171	314,300
- Infectious Diseases	77,036	71,814	53,617	69,336	58,957
- Other Internal Medicine	204,109	195,251	210,851	288,752	291,866
Neurology	169,147	158,331	181,869	169,392	178,485
Neurosurgery	226,522	20,001	N/A	N/A	N/A
Obstetrics-Gynaecology	349,249	349,992	363,105	379,155	384,628
Ophthalmology	566,680	592,035	599,613	622,174	628,110
Orthopaedic Surgery	270,387	282,137	305,382	322,215	321,179
Otolaryngology	498,151	461,734	490,010	526,027	491,682
Paediatrics	149,438	140,337	145,548	160,456	157,458
Physical Medicine & Rehabilitation	110,263	111,880	124,001	139,223	146,779
Plastic Surgery	321,137	335,632	339,758	344,828	356,521
Psychiatry	199,280	200,098	207,799	226,401	230,125
- Psychiatry designated specialty	199,608	200,062	207,799	226,401	230,125
- Mental Health specialty	192,111	201,113	N/A	N/A	N/A
Urology	376,983	376,828	349,112	367,567	372,643
Laboratory Specialists	517,771	537,165	592,154	640,121	660,782
- Pathology	214,164	218,876	244,057	245,447	257,187
- Radiology	542,635	563,800	621,042	677,022	693,506

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10A
Distribution of Average Gross Payments Percentage Change for the Service Years Ended March 31, 2003 to March 31, 2007[1]

Physicians by Specialty	Percentage Change			
	2004/2003	2005/2004	2006/2005	2007/2006
Total: All Physicians	0.81%	3.31%	7.54%	1.01%
Subtotal:				
All Physicians (except Pathology)	0.80	3.28	7.57	1.00
All Specialists (except GP/FPs & Pathology)	1.18	4.06	9.90	0.42
Physicians by Specialty				
Anaesthesiology	6.36	(0.16)	4.99	3.03
Cardiovascular and Thoracic Surgery	2.81	(4.01)	(1.63)	2.72
Dermatology	2.77	(1.23)	16.07	6.13
Emergency Medicine	(7.67)	4.07	9.98	7.15
General/Family Physicians (GP/FPs)	0.52	2.56	5.72	1.08
- General/Family Physicians	0.51	2.16	5.11	1.35
- Full Time Emergency Room Physicians	(3.62)	9.89	18.01	(0.78)
- Mental Health Generalists	29.27	6.78	(2.34)	3.85
- Other General Practice Physicians[2]	20.98	(30.41)	23.25	(42.37)
General Surgery	(0.59)	2.16	5.66	(1.78)
- General Surgery designated specialty	(0.55)	4.14	5.30	(1.29)
- Other General Surgery	(0.70)	(14.98)	9.10	(6.84)
Internal Medicine	(0.48)	(0.28)	22.80	(3.31)
- Internal Medicine designated specialty	2.59	(3.84)	11.93	(4.66)
- Cardiology	(0.32)	11.84	27.56	(8.87)
- Endocrinology/Metabolism	1.79	N/A	N/A	N/A
- Gastroenterology	(5.20)	(7.99)	22.01	2.32
- Infectious Diseases	(6.78)	(25.34)	29.32	(14.97)
- Other Internal Medicine	(4.34)	7.99	36.95	1.08
Neurology	(6.39)	14.87	(6.86)	5.37
Neurosurgery	(91.17)	N/A	N/A	N/A
Obstetrics-Gynaecology	0.21	3.75	4.42	1.44
Ophthalmology	4.47	1.28	3.76	0.95
Orthopaedic Surgery	4.35	8.24	5.51	(0.32)
Otolaryngology	(7.31)	6.12	7.35	(6.53)
Paediatrics	(6.09)	3.71	10.24	(1.87)
Physical Medicine & Rehabilitation	1.47	10.83	12.28	5.43
Plastic Surgery	4.51	1.23	1.49	3.39
Psychiatry	0.41	3.85	8.95	1.65
- Psychiatry designated specialty	0.23	3.87	8.95	1.65
- Mental Health specialty	4.69	N/A	N/A	N/A
Urology	(0.04)	(7.36)	5.29	1.38
Laboratory Specialists	3.75	10.24	8.10	3.23
- Pathology	2.20	11.50	0.57	4.78
- Radiology	3.90	10.15	9.01	2.43

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10B
Distribution of Median Gross Payments
for the Service Years Ended March 31, 2003 to March 31, 2007[1]

Physicians by Specialty	Median Payment				
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Total: All Physicians	$198,493	$198,980	$206,290	$219,552	$218,283
Subtotal:					
All Physicians (except Pathology)	198,931	199,520	206,903	219,903	218,764
All Specialists (except GP/FPs & Pathology)	235,256	237,148	244,664	272,349	267,106
Physicians by Specialty					
Anaesthesiology	254,766	265,629	259,428	262,510	272,651
Cardiovascular and Thoracic Surgery	574,274	581,377	524,139	527,897	505,955
Dermatology	413,839	449,449	438,569	543,800	553,329
Emergency Medicine	169,125	156,243	161,205	180,514	180,945
General/Family Physicians (GP/FPs)	181,436	182,226	188,092	196,813	199,146
- General/Family Physicians	181,598	182,597	187,290	193,458	196,841
- Full Time Emergency Room Physicians	193,172	177,809	202,451	235,446	225,229
- Mental Health Generalists	152,953	193,058	228,259	211,694	207,757
- Other General Practice Physicians[2]	2,610	66,896	59,645	111,737	13,888
General Surgery	333,661	327,550	337,241	347,241	326,974
- General Surgery designated specialty	332,580	322,339	339,697	347,702	338,929
- Other General Surgery	334,741	333,538	308,489	306,219	284,000
Internal Medicine	181,545	173,216	144,555	241,416	208,475
- Internal Medicine designated specialty	167,766	164,429	136,501	187,174	165,368
- Cardiology	367,863	410,715	553,138	636,507	611,951
- Endocrinology/Metabolism	125,102	128,825	N/A	N/A	N/A
- Gastroenterology	309,456	273,574	154,561	307,718	299,540
- Infectious Diseases	55,149	59,318	49,543	65,987	49,468
- Other Internal Medicine	156,874	132,205	120,358	212,437	213,762
Neurology	147,262	154,900	183,059	151,177	162,336
Neurosurgery	240,971	20,001	N/A	N/A	N/A
Obstetrics-Gynaecology	323,753	309,387	344,093	354,268	362,387
Ophthalmology	474,143	507,175	498,291	529,181	513,240
Orthopaedic Surgery	298,866	307,811	321,064	334,523	339,793
Otolaryngology	460,972	467,438	471,779	510,524	430,400
Paediatrics	108,222	85,858	103,909	123,417	106,387
Physical Medicine & Rehabilitation	102,701	102,221	112,857	127,262	134,178
Plastic Surgery	335,401	358,181	356,038	365,567	368,685
Psychiatry	196,330	200,048	205,354	219,090	223,086
- Psychiatry designated specialty	195,242	199,784	205,354	219,090	223,086
- Mental Health specialty	198,228	208,056	N/A	N/A	N/A
Urology	385,064	389,516	361,810	382,561	401,469
Laboratory Specialists	406,216	430,466	467,977	466,773	551,415
- Pathology	1,704	2,253	2,028	2,895	2,315
- Radiology	460,931	462,177	486,886	502,006	576,182

Note: This table reflects fee-for-service data only.

Continued...

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.10B
Distribution of Median Gross Payments Percentage Change for the Service Years Ended March 31, 2003 to March 31, 2007[1]

Physicians by Specialty	Percentage Change			
	2004/2003	2005/2004	2006/2005	2007/2006
Total: All Physicians	0.25%	3.67%	6.43%	-0.58%
Subtotal:				
All Physicians (except Pathology)	0.30	3.70	6.28	(0.52)
All Specialists (except GP/FPs & Pathology)	0.80	3.17	11.32	(1.93)
Physicians by Specialty				
Anaesthesiology	4.26	(2.33)	1.19	3.86
Cardiovascular and Thoracic Surgery	1.24	(9.85)	0.72	(4.16)
Dermatology	8.60	(2.42)	23.99	1.75
Emergency Medicine	(7.62)	3.18	11.98	0.24
General/Family Physicians (GP/FPs)	0.44	3.22	4.64	1.19
- General/Family Physicians	0.55	2.57	3.29	1.75
- Full Time Emergency Room Physicians	(7.95)	13.86	16.30	(4.34)
- Mental Health Generalists	26.22	18.23	(7.26)	(1.86)
- Other General Practice Physicians[2]	2463.17	(10.84)	87.34	(87.57)
General Surgery	(1.83)	2.96	2.97	(5.84)
- General Surgery designated specialty	(3.08)	5.39	2.36	(2.52)
- Other General Surgery	(0.36)	(7.51)	(0.74)	(7.26)
Internal Medicine	(4.59)	(16.55)	67.01	(13.64)
- Internal Medicine designated specialty	(1.99)	(16.99)	37.12	(11.65)
- Cardiology	11.65	34.68	15.07	(3.86)
- Endocrinology/Metabolism	2.98	N/A	N/A	N/A
- Gastroenterology	(11.60)	(43.50)	99.09	(2.66)
- Infectious Diseases	7.56	(16.48)	33.19	(25.03)
- Other Internal Medicine	(15.73)	(8.96)	76.50	0.62
Neurology	5.19	18.18	(17.42)	7.38
Neurosurgery	(91.70)	N/A	N/A	N/A
Obstetrics-Gynaecology	(4.44)	11.22	2.96	2.29
Ophthalmology	6.97	(1.75)	6.20	(3.01)
Orthopaedic Surgery	2.99	4.31	4.19	1.58
Otolaryngology	1.40	0.93	8.21	(15.69)
Paediatrics	(20.66)	21.02	18.78	(13.80)
Physical Medicine & Rehabilitation	(0.47)	10.40	12.76	5.43
Plastic Surgery	6.79	(0.60)	2.68	0.85
Psychiatry	1.89	2.65	6.69	1.82
- Psychiatry designated specialty	2.33	2.79	6.69	1.82
- Mental Health specialty	4.96	N/A	N/A	N/A
Urology	1.16	(7.11)	5.74	4.94
Laboratory Specialists	5.97	8.71	(0.26)	18.13
- Pathology	32.27	(9.98)	42.71	(20.03)
- Radiology	0.27	5.35	3.11	14.78

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	All Physicians		All Physicians (except Pathology)		All Specialties (except General/Family Physicians and Pathology)	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$1,127,288	347	$1,095,568	332	$607,311	206
10,000- 19,999	1,911,707	132	1,911,707	132	919,429	64
20,000- 39,999	7,615,522	254	7,588,304	253	2,894,126	97
40,000- 59,999	10,322,547	206	10,322,547	206	3,948,211	79
60,000- 79,999	17,718,446	254	17,650,533	253	7,182,673	103
80,000- 99,999	20,788,924	230	20,788,924	230	6,373,479	71
100,000-119,999	26,089,917	238	26,089,917	238	9,284,728	85
120,000-139,999	31,518,175	242	31,518,175	242	10,284,152	79
140,000-159,999	37,079,519	247	37,079,519	247	12,211,765	81
160,000-179,999	44,539,529	262	44,539,529	262	15,639,809	92
180,000-199,999	49,599,781	262	49,599,781	262	14,046,861	74
200,000-299,999	306,454,617	1,237	306,178,890	1,236	101,613,784	406
300,000-399,999	301,382,020	875	301,382,020	875	132,306,029	382
400,000-499,999	205,669,146	461	205,669,146	461	122,769,362	274
500,000-599,999	114,969,800	212	114,969,800	212	79,334,422	146
600,000-699,999	80,340,785	124	79,651,748	123	67,522,238	104
700,000-799,999	50,783,480	68	50,783,480	68	44,139,415	59
800,000-899,999	31,253,378	37	31,253,378	37	29,550,329	35
900,000-999,999	37,135,512	39	37,135,512	39	34,275,244	36
1,000,000-1,999,999	133,394,165	103	133,394,165	103	131,288,559	101
2,000,000 & Over	48,433,906	20	44,124,593	18	44,124,593	18
Total	**$1,558,128,163**	**5,850**	**$1,552,727,236**	**5,829**	**$870,316,517**	**2,592**

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

Continued...

Did You Know?

A total of 123 physicians each received more than $1 million in fee-for-service payments in 2006/2007. Twenty (20) of the 123 physicians received more than $2 million.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	Anaesthesiology		Cardiovascular and Thoracic Surgery		Dermatology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$50,724	6			$504	2
10,000- 19,999	27,276	2				
20,000- 39,999	171,221	6			37,645	1
40,000- 59,999	415,978	8	$105,525	2		
60,000- 79,999	273,941	4	70,262	1		
80,000- 99,999	545,440	6				
100,000-119,999	882,291	8				
120,000-139,999	1,187,964	9				
140,000-159,999	2,282,320	15			144,794	1
160,000-179,999	1,709,898	10				
180,000-199,999	2,642,880	14	567,405	3		
200,000-299,999	22,995,129	92			694,021	3
300,000-399,999	27,823,674	82	740,353	2	1,016,715	3
400,000-499,999	13,646,674	31	1,824,798	4	3,056,392	7
500,000-599,999	1,628,027	3	2,763,733	5	2,782,550	5
600,000-699,999	2,561,997	4	1,263,412	2	2,749,050	4
700,000-799,999	782,725	1	1,422,162	2	3,810,452	5
800,000-899,999	855,973	1	812,473	1	1,680,329	2
900,000-999,999	1,883,151	2			2,789,563	3
1,000,000-1,999,999			3,739,007	3	2,295,003	2
2,000,000 & Over					2,364,036	1
Total	**$82,367,285**	**304**	**$13,309,131**	**25**	**$23,421,053**	**39**

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	Emergency Medicine		All General/Family Physicians		All General Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$24	1	$488,257	126	$26,429	5
10,000- 19,999	36,150	2	992,278	68	119,366	8
20,000- 39,999			4,694,179	156	151,872	5
40,000- 59,999	207,142	4	6,374,336	127	142,369	3
60,000- 79,999	135,112	2	10,467,860	150	406,789	6
80,000- 99,999	284,029	3	14,415,444	159	93,819	1
100,000-119,999	653,999	6	16,805,189	153	439,712	4
120,000-139,999	1,167,892	9	21,234,023	163	133,333	1
140,000-159,999	603,696	4	24,867,754	166	299,392	2
160,000-179,999	1,210,437	7	28,899,720	170	1,025,776	6
180,000-199,999	1,509,414	8	35,552,920	188	757,574	4
200,000-299,999	4,240,456	17	204,565,106	830	8,503,812	32
300,000-399,999	4,130,290	12	169,075,991	493	10,940,079	31
400,000-499,999	427,132	1	82,899,784	187	13,726,551	30
500,000-599,999	543,175	1	35,635,378	66	9,693,104	18
600,000-699,999	616,968	1	12,129,510	19	5,264,755	8
700,000-799,999			6,644,065	9	2,900,445	4
800,000-899,999			1,703,049	2		
900,000-999,999			2,860,268	3	904,210	1
1,000,000-1,999,999			2,105,606	2	1,284,740	1
2,000,000 & Over						
Total	**$15,765,917**	**78**	**$682,410,719**	**3,237**	**$56,814,126**	**170**

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	All Internal Medicine		Neurology		Neurosurgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$151,418	72	$23,890	11	$15,141	8
10,000- 19,999	273,546	20	15,546	1	23,030	2
20,000- 39,999	735,664	24	166,228	6	64,145	2
40,000- 59,999	1,034,229	21	46,379	1		
60,000- 79,999	2,070,246	30	365,382	5		
80,000- 99,999	1,408,948	16	174,152	2	80,898	1
100,000-119,999	1,227,916	11	421,475	4		
120,000-139,999	1,176,586	9				
140,000-159,999	2,426,851	16	303,582	2		
160,000-179,999	2,581,929	15	991,471	6	169,396	1
180,000-199,999	551,216	3	1,137,993	6		
200,000-299,999	12,662,019	51	3,295,881	13		
300,000-399,999	19,009,546	53	1,367,191	4		
400,000-499,999	17,417,355	39	2,150,444	5		
500,000-599,999	15,795,617	29	539,442	1		
600,000-699,999	20,623,762	32	1,316,442	2		
700,000-799,999	12,070,685	16				
800,000-899,999	5,905,097	7				
900,000-999,999	6,673,925	7				
1,000,000-1,999,999	16,322,969	12				
2,000,000 & Over						
Total	**$140,119,525**	**483**	**$12,315,498**	**69**	**$352,611**	**14**

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

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Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	Obstetrics-Gynaecology		Ophthalmology		Orthopaedic Surgery	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$33,331	6	$19,964	5	$11,211	3
10,000- 19,999	50,021	3			64,444	5
20,000- 39,999	240,069	8	60,841	2	61,479	2
40,000- 59,999	251,256	5	149,543	3	149,229	3
60,000- 79,999	348,708	5	143,630	2	273,538	4
80,000- 99,999	174,477	2			184,811	2
100,000-119,999	433,962	4	100,060	1	326,602	3
120,000-139,999	538,248	4	387,442	3	368,540	3
140,000-159,999	143,869	1			457,677	3
160,000-179,999	853,222	5	343,239	2	509,054	3
180,000-199,999	955,119	5	590,652	3	386,125	2
200,000-299,999	4,770,816	20	2,068,291	8	5,786,563	23
300,000-399,999	7,138,991	21	2,788,201	8	9,850,758	28
400,000-499,999	12,653,862	28	4,983,072	11	13,267,129	29
500,000-599,999	10,777,560	20	5,444,269	10	6,337,407	12
600,000-699,999	4,496,749	7	4,482,871	7	3,271,710	5
700,000-799,999	3,618,900	5	4,509,107	6	768,198	1
800,000-899,999	1,728,574	2	5,922,143	7		
900,000-999,999	3,718,998	4	2,879,138	3		
1,000,000-1,999,999	9,767,657	8	20,464,180	16		
2,000,000 & Over			7,474,401	3		
Total	**$62,694,389**	**163**	**$62,811,043**	**100**	**$42,074,475**	**131**

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	Otolaryngology		Paediatrics		Physical Medicine and Rehabilitation	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000			$150,313	54	$1,056	1
10,000- 19,999			181,183	12	29,578	2
20,000- 39,999	$26,668	1	383,719	13	67,531	2
40,000- 59,999			244,138	5	56,791	1
60,000- 79,999	78,373	1	1,111,159	16		
80,000- 99,999	175,161	2	1,070,503	12	284,915	3
100,000-119,999			967,218	9	330,867	3
120,000-139,999	127,375	1	1,422,128	11	789,318	6
140,000-159,999	145,305	1	1,368,707	9	614,085	4
160,000-179,999	177,611	1	1,530,817	9	161,460	1
180,000-199,999	184,159	1	1,117,196	6	749,669	4
200,000-299,999	741,060	3	6,242,936	26	527,804	2
300,000-399,999	3,111,349	9	7,792,193	23	655,525	2
400,000-499,999	2,282,158	5	7,921,543	18	428,314	1
500,000-599,999	2,860,006	5	3,169,775	6		
600,000-699,999	2,563,424	4				
700,000-799,999	714,468	1				
800,000-899,999	2,492,553	3	1,699,207	2		
900,000-999,999	1,954,555	2				
1,000,000-1,999,999	3,508,100	3				
2,000,000 & Over						
Total	**$21,142,325**	**43**	**$36,372,736**	**231**	**$4,696,913**	**32**

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

Continued...

Did You Know?

84% of Albertans who have a personal family doctor are satisfied with the services they received.
Source: Health Quality Council of Alberta

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	Plastic Surgery		All Psychiatry		Urology	
	Payments	Number of Physicians	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000			$20,145	5	$3,790	2
10,000- 19,999			78,756	5	10,055	1
20,000- 39,999	$37,334	1	346,934	12	25,974	1
40,000- 59,999	51,555	1	707,015	14		
60,000- 79,999	78,944	1	1,326,947	19		
80,000- 99,999	272,939	3	1,065,711	12		
100,000-119,999			2,967,068	27	112,502	1
120,000-139,999	125,846	1	2,204,543	17		
140,000-159,999	146,214	1	2,534,573	17	148,084	1
160,000-179,999			3,701,616	22	330,699	2
180,000-199,999			1,934,433	10	198,312	1
200,000-299,999	1,290,026	5	23,138,713	92	1,262,943	5
300,000-399,999	5,301,085	15	22,507,255	66	3,258,790	9
400,000-499,999	5,415,216	12	10,986,961	25	6,739,587	15
500,000-599,999	1,584,307	3	3,133,038	6	4,445,434	8
600,000-699,999	1,316,853	2	3,792,166	6	644,945	1
700,000-799,999	779,643	1	728,217	1	705,737	1
800,000-899,999						
900,000-999,999			980,546	1		
1,000,000-1,999,999						
2,000,000 & Over						
Total	**$16,399,963**	**46**	**$82,154,638**	**357**	**$17,886,853**	**48**

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

Table 2.11
Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Dollar Range	Pathology		Radiology	
	Payments	Number of Physicians	Payments	Number of Physicians
Less than $10,000	$31,720	15	$99,370	25
10,000- 19,999			10,478	1
20,000- 39,999	27,218	1	316,804	11
40,000- 59,999			387,062	8
60,000- 79,999	67,913	1	499,641	7
80,000- 99,999			557,676	6
100,000-119,999			421,056	4
120,000-139,999			654,936	5
140,000-159,999			592,617	4
160,000-179,999			343,183	2
180,000-199,999			764,713	4
200,000-299,999	275,726	1	3,393,312	14
300,000-399,999			4,874,032	14
400,000-499,999			5,842,173	13
500,000-599,999			7,836,977	14
600,000-699,999	689,037	1	12,557,135	19
700,000-799,999			11,328,677	15
800,000-899,999			8,453,978	10
900,000-999,999			12,491,157	13
1,000,000-1,999,999			73,906,903	56
2,000,000 & Over	4,309,312	2	34,286,156	14
Total	**$5,400,927**	**21**	**$179,618,037**	**259**

Note: This table reflects fee-for-service data only.
(1) A blank cell represents a zero value.

Did You Know?

Alberta Health and Wellness and Emergency Management Alberta are developing an operational response plan for pandemics.

Table 2.12
Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2006 to March 31, 2007[1]

Physicians by Specialty	Number of Physicians	Number of Full-Time Equivalent Physicians [2]	Proportion of Full-Time Equivalent Physicians		Average Payment per Full-Time Equivalent Physician	Number of Registered Persons per Full-Time Equivalent Physician
			Above 60th Percentile	Below 40th Percentile		
All Physicians (except Laboratory)[3]	5,570	4,868.2	33.6	49.1	$282,059	695
All Specialists (except GP/FPs & Laboratory)	2,333	1,978.3	32.9	50.0	349,133	1,711
Physicians by Specialty						
Anaesthesiology	304	276.4	35.2	46.1	298,037	12,247
Cardiovascular and Thoracic Surgery	25	23.0	36.0	44.0	578,552	147,158
Dermatology	39	36.0	38.5	41.0	651,041	94,096
Emergency Medicine	78	73.5	34.6	48.7	214,486	46,043
General/Family Physicians (GP/FPs)	3,237	2,825.3	34.1	48.3	241,534	1,198
- General/Family Physicians	3,032	2,644.2	34.1	48.4	241,273	1,280
- Full Time Emergency Room Physicians	172	157.3	34.9	47.7	252,269	21,524
- Mental Health Generalists	20	19.0	40.0	40.0	215,893	178,420
- Other General Practice Physicians[4]	13	13.0	30.8	53.9	51,107	260,958
General Surgery	170	144.0	34.1	48.8	394,559	23,506
- General Surgery designated specialty	153	128.7	34.0	49.0	403,031	26,305
- Other General Surgery	17	16.3	35.3	47.1	304,997	208,285
Internal Medicine	483	356.9	29.0	56.1	392,599	9,483
- Internal Medicine designated specialty	228	157.8	26.8	59.6	324,186	21,452
- Cardiology	58	50.9	34.5	46.6	688,544	66,548
- Gastroenterology	39	24.6	25.6	61.5	498,358	137,586
- Infectious Diseases	17	13.7	35.3	52.9	73,277	247,414
- Other Internal Medicine	141	105.4	31.2	52.5	386,214	32,124
Neurology	69	54.3	31.9	52.2	226,846	62,343
Neurosurgery	14	N/A	N/A	N/A	N/A	N/A
Obstetrics-Gynaecology	163	136.2	33.1	50.3	460,320	24,850
Ophthalmology	100	90.4	34.0	49.0	694,513	37,424
Orthopaedic Surgery	131	99.4	35.1	48.1	423,357	34,057
Otolaryngology	43	41.0	37.2	44.2	516,090	82,612
Paediatrics	231	175.8	29.4	55.8	206,907	19,254
Physical Medicine and Rehabilitation	32	30.4	37.5	43.8	154,566	111,373
Plastic Surgery	46	42.9	39.1	41.3	382,581	78,951
Psychiatry	357	323.4	37.3	44.0	254,046	10,466
Urology	48	41.5	35.4	45.8	431,293	81,616

Note: This table reflects fee-for-service data only.

(1) The average payments and percentage change for fee-for-services reflect the fact that some physician specialties are now being paid primarily through ARPs rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.

(2) FTE methodology is as follows:

Definition of a Full-Time Equivalent Practitioner: The definition is based on the methodology developed in 1984 by Health Canada

Step 1: - Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those practitioners with claims in all four quarters of the fiscal year.

Step 2: - Count all physicians with payments within the lower and upper benchmark as one FTE.

- Count all physicians with payments below the lower benchmark as a fraction of a FTE equal to the ratio of his/her payments to the lower benchmark.
- Count all physicians with payments above the upper benchmark using a log-linear relationship, as one FTE plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.
- Since the benchmarks for the calculations of FTEs in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the FTEs in this table should not be compared with those released in previous versions of the Statistical Supplement.

(3) Laboratory physicians (21 Pathology and 259 Radiology Physicians) are excluded.

(4) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty
for the Service Year April 1, 2006 to March 31, 2007[1][2]

Physicians by Specialty	Total	Consultations	Assessments		Hospital Care Days
			Major	Other	
Total: All Physicians	$1,558,128,163	$156,939,529	$109,299,216	$457,335,062	$44,128,444
Subtotal					
All Physicians (except Pathology)	1,552,727,236	156,698,250	109,299,151	457,322,296	44,128,444
All Specialists (except GP/FPs & Pathology)	870,316,517	143,367,094	28,818,145	59,278,336	17,209,260
Anaesthesiology	82,367,285	3,218,575	51,682	2,846,551	12,978
Cardiovascular and Thoracic Surgery	13,309,131	804,701	6,746	170,015	80,527
Dermatology	23,421,053	5,968,191	1,010,258	3,403,809	131
Emergency Medicine	15,765,917	1,142,624	217,780	7,919,993	915
General/Family Physicians (GP/FPs)	682,410,719	13,331,157	80,481,006	398,043,961	26,919,184
- General/Family Physicians	637,984,477	11,255,885	79,691,409	372,888,424	26,887,431
- Full Time Emergency Room Physicians	39,668,036	1,814,918	463,743	24,588,209	30,552
- Mental Health Generalists	4,095,576	117,787	274,272	151,155	905
- Other General Practice Physicians[3]	662,630	142,566	51,582	416,171	295
General Surgery	56,814,126	14,571,209	242,020	3,180,324	1,086,436
- General Surgery designated specialty	51,857,571	13,268,696	191,495	2,982,843	1,051,109
- Other General Surgery	4,956,555	1,302,512	50,526	197,481	35,326
Internal Medicine	140,119,525	45,050,755	2,059,161	9,694,805	11,844,282
- Internal Medicine designated specialty	51,148,872	23,328,918	1,083,090	5,884,420	7,775,080
- Cardiology	35,019,492	7,003,102	165,316	584,553	1,373,847
- Endocrinology/Metabolism	121,751	64,456	342	17,951	37,691
- Gastroenterology	12,257,709	5,949,879	56,958	431,997	282,653
- Infectious Diseases	1,002,263	719,643	15,137	183,084	72,056
- Other Internal Medicine	40,569,439	7,984,757	738,318	2,592,800	2,302,955
Neurology	12,315,498	8,968,236	122,291	1,206,996	582,481
Neurosurgery	352,611	11,417	153	558	377
Obstetrics-Gynaecology	62,694,389	11,629,545	2,096,637	8,951,359	422,974
Ophthalmology	62,811,043	7,237,047	11,475,123	3,770,516	2,639
Orthopaedic Surgery	42,074,475	8,768,399	289,496	3,043,650	176,127
Otolaryngology	21,142,325	4,665,096	320,924	987,081	38,372
Paediatrics	36,372,736	10,342,034	8,383,427	10,505,942	2,388,076
Physical Medicine and Rehabilitation	4,696,913	2,092,873	25,204	736,435	445,691
Plastic Surgery	16,399,963	2,059,515	408,921	897,193	16,016
Psychiatry designated specialty	82,154,638	11,598,897	1,977,739	377,986	4,625
Urology	17,886,853	5,168,413	130,090	1,525,558	106,613
Laboratory Specialists	185,018,964	310,848	558	72,330	
- Pathology	5,400,927	241,279	65	12,766	
- Radiology	179,618,037	69,569	493	59,564	

Note: This table reflects fee-for-service data only.

Continued.....

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2006 to March 31, 2007[1][2]

Physicians by Specialty	Special Calls	Psycho-therapy/ Counselling	Major Surgery	Minor Surgery
Total: All Physicians	$41,011,771	$97,860,979	$213,416,651	$22,776,028
Subtotal				
All Physicians (except Pathology)	41,011,771	97,860,979	213,416,651	22,776,028
All Specialists (except GP/FPs & Pathology)	2,204,837	59,180,768	193,588,120	7,798,390
Anaesthesiology	23,674	494,387	49,270,796	1,276,328
Cardiovascular and Thoracic Surgery	4,868	2,711	11,591,151	3,198
Dermatology	5,007	65	5,390,521	2,153,500
Emergency Medicine	53,562	339,993	605,236	670,082
General/Family Physicians (GP/FPs)	38,806,934	38,680,211	19,828,531	14,977,638
- General/Family Physicians	38,687,041	35,200,427	18,538,198	12,568,116
- Full Time Emergency Room Physicians	98,601	671,072	1,290,333	2,392,475
- Mental Health Generalists	18,223	2,778,854		8,847
- Other General Practice Physicians[3]	3,068	29,858		8,200
General Surgery	108,062	35,682	28,813,275	886,409
- General Surgery designated specialty	106,631	35,558	25,762,990	863,554
- Other General Surgery	1,431	125	3,050,285	22,855
Internal Medicine	479,233	88,258	5,339,241	241,916
- Internal Medicine designated specialty	370,778	47,394	147,068	188,850
- Cardiology	52,182	62	4,490,994	
- Endocrinology/Metabolism	626			
- Gastroenterology	4,042	343	21,342	22,022
- Infectious Diseases	2,309	1,260		83
- Other Internal Medicine	49,295	39,199	679,837	30,962
Neurology	10,861	4,331		11,698
Neurosurgery			337,636	259
Obstetrics-Gynaecology	1,187,104	115,219	9,306,536	127,056
Ophthalmology	135,764		25,977,733	123,626
Orthopaedic Surgery	20,106	23,574	27,585,604	121,600
Otolaryngology	23,198	561	6,982,198	1,532,169
Paediatrics	114,843	991,633	263,604	158,378
Physical Medicine and Rehabilitation	1,382	475,184	1,153	249
Plastic Surgery	11,453	26	12,213,914	448,788
Psychiatry designated specialty	6,671	56,583,876		41
Urology	19,049	25,164	7,408,863	32,221
Laboratory Specialists		103	2,500,657	10,871
- Pathology				
- Radiology		103	2,500,657	10,871

Note: This table reflects fee-for-service data only.

Continued.....

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2006 to March 31, 2007[1][2]

Physicians by Specialty	Surgical Assistance	Anaesthesia	Obstetrical Services	Diagnostic & Therapeutic Services - Radiology
Total: All Physicians	$14,834	$16,540,525	$35,963,133	$153,862,028
Subtotal				
All Physicians (except Pathology)	14,834	16,540,525	35,963,133	153,862,028
All Specialists (except GP/FPs & Pathology)		13,887,983	22,234,840	153,315,279
Anaesthesiology		12,816,946	3,575,180	569,320
Cardiovascular and Thoracic Surgery		28,960		121
Dermatology		108,743		
Emergency Medicine		4,043	1,618	
General/Family Physicians (GP/FPs)	14,834	2,652,542	13,728,293	546,749
- General/Family Physicians	14,834	2,618,563	13,696,346	546,749
- Full Time Emergency Room Physicians		33,980	31,947	
- Mental Health Generalists				
- Other General Practice Physicians[3]				
General Surgery		4,918	63,009	55,662
- General Surgery designated specialty		2,368	63,009	80
- Other General Surgery		2,550		55,582
Internal Medicine		9,701	58,707	6,060,420
- Internal Medicine designated specialty		635	652	141,982
- Cardiology				5,733,456
- Endocrinology/Metabolism				
- Gastroenterology		33		
- Infectious Diseases				
- Other Internal Medicine		9,033	58,055	184,983
Neurology		1,135		217
Neurosurgery			1,165	
Obstetrics-Gynaecology		9,061	18,498,855	4,036,639
Ophthalmology				3,974,146
Orthopaedic Surgery		72,103	2,275	200
Otolaryngology		45	381	
Paediatrics		224	32,857	1,201
Physical Medicine and Rehabilitation		230,040		
Plastic Surgery		5,320	176	
Psychiatry designated specialty				
Urology		3,140	616	
Laboratory Specialists		593,606		138,617,353
- Pathology				
- Radiology		593,606		138,617,353

Note: This table reflects fee-for-service data only.

Continued.....

(1) The payment totals by specialty have been rounded.

(2) A blank cell represents a zero value.

(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.13
Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2006 to March 31, 2007[1][2]

Physicians by Specialty	Laboratory Services	Other Diagnostic & Therapeutic Services	Special Services	Miscellaneous Services
Total: All Physicians	$36,715,307	$142,175,484	$10,675,195	$19,413,975
Subtotal				
All Physicians (except Pathology)	36,715,307	137,032,098	10,671,765	19,413,975
All Specialists (except GP/FPs & Pathology)	36,715,307	115,385,064	1,293,968	16,039,126
Anaesthesiology		6,719,001	25,969	1,465,897
Cardiovascular and Thoracic Surgery		583,658		32,475
Dermatology		5,380,579	123	125
Emergency Medicine		4,656,920	64	153,088
General/Family Physicians (GP/FPs)		21,647,034	9,377,797	3,374,849
- General/Family Physicians		13,651,746	9,367,228	2,372,079
- Full Time Emergency Room Physicians		7,989,025	5,195	257,985
- Mental Health Generalists		844	527	744,162
- Other General Practice Physicians[3]		5,419	4,847	623
General Surgery		7,671,024	4,791	91,306
- General Surgery designated specialty		7,435,012	4,791	89,437
- Other General Surgery		236,012		1,870
Internal Medicine	3,686,554	54,166,004	32,718	1,307,769
- Internal Medicine designated specialty	640	11,945,947	30,351	203,067
- Cardiology	3,685,914	11,918,507		11,560
- Endocrinology/Metabolism				686
- Gastroenterology		5,471,290	353	16,795
- Infectious Diseases		7,570	1,120	
- Other Internal Medicine		24,822,690	894	1,075,661
Neurology		1,353,679	43,632	9,940
Neurosurgery		1,013		31
Obstetrics-Gynaecology	830	5,193,380	1,080,267	38,927
Ophthalmology		10,113,514	62	872
Orthopaedic Surgery		257,449	27,968	1,685,924
Otolaryngology		6,585,702	1,707	4,892
Paediatrics		3,049,683	21,361	119,474
Physical Medicine and Rehabilitation		618,240	53,075	17,387
Plastic Surgery		324,583	31	14,026
Psychiatry designated specialty		507,808	315	11,096,680
Urology		3,465,692	1,122	312
Laboratory Specialists	33,027,924	9,880,521	4,193	
- Pathology		5,143,387	3,430	
- Radiology	33,027,924	4,737,134	763	

Note: This table reflects fee-for-service data only.
(1) The payment totals by specialty have been rounded.
(2) A blank cell represents a zero value.
(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2006 to March 31, 2007[1][2]

Service Type \ Age & Gender		All Age Groups		Under 1		1 - 4	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	531	$50,763	669	$80,812	263	$24,077
	M	434	41,956	801	96,816	346	31,005
Major Assessment	F	595	38,638	1,623	114,954	591	40,074
	M	388	25,921	1,643	116,463	623	42,431
Other Assessment	F	4,798	160,717	4,135	151,438	3,455	119,957
	M	3,208	109,419	4,429	163,549	3,731	130,610
Hospital Care Days	F	461	13,912	1,091	41,695	93	3,577
	M	382	12,160	1,218	46,834	113	4,260
Special Calls	F	116	14,174	98	13,572	103	13,827
	M	81	10,052	111	15,149	115	15,493
Psychotherapy/Counselling	F	985	34,079	12	463	28	1,087
	M	680	23,726	10	369	44	1,659
Major Surgery	F	962	63,569	327	21,150	201	12,812
	M	902	62,539	530	39,780	410	24,133
Minor Surgery	F	132	5,664	27	1,429	87	5,463
	M	150	7,799	41	2,052	122	8,360
Surgical Assistance	F	--	4				
	M	--	5				
Anaesthesiology	F	350	8,381	84	1,953	240	3,944
	M	51	1,378	81	1,873	285	4,754
Obstetrical Services	F	149	21,207				
	M						
Diagnostic & Therapeutic Services, Radiology	F	866	67,841	47	3,197	76	3,564
	M	373	22,984	62	4,165	89	3,947
Laboratory Services	F	82	15,299			--	23
	M	24	6,378			--	26
Other Diagnostic & Therapeutic Services	F	1,392	41,908	1,035	57,672	534	10,430
	M	1,215	42,105	1,231	68,154	707	12,962
Special Services[3]	F	433	5,721	6	86	16	199
	M	80	576	4	31	16	182
Miscellaneous Services[4]	F	140	5,708	14	471	14	463
	M	141	5,764	16	504	18	622
Total	F	11,991	$547,584	9,167	$488,893	5,700	$239,497
	M	8,110	$372,762	8,795	$555,739	6,620	$280,446

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2006 to March 31, 2007[1][2]

Service Type \ Age & Gender		5 - 14		15 - 24		25 - 44	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	210	$16,988	336	$29,705	524	$47,786
	M	290	22,660	216	18,638	282	25,677
Major Assessment	F	288	19,200	422	26,946	580	36,346
	M	303	20,413	181	11,937	223	14,573
Other Assessment	F	1,959	65,661	3,901	134,027	4,863	164,840
	M	1,952	66,866	1,848	65,022	2,297	78,827
Hospital Care Days	F	28	1,040	88	2,718	133	4,041
	M	30	1,118	57	1,784	100	3,199
Special Calls	F	55	7,031	116	15,942	109	14,547
	M	60	7,675	66	9,021	53	6,955
Psychotherapy/Counselling	F	223	7,784	753	26,442	1,182	39,999
	M	441	15,781	626	21,858	741	25,556
Major Surgery	F	220	12,989	413	25,921	804	46,988
	M	275	15,537	498	28,971	569	35,843
Minor Surgery	F	135	5,661	138	5,642	116	5,075
	M	146	7,471	166	9,755	130	7,213
Surgical Assistance	F			--	10	--	8
	M	--	2	1	18	--	3
Anaesthesiology	F	109	1,747	518	11,732	787	18,450
	M	126	2,045	17	374	17	608
Obstetrical Services	F	--	52	236	33,603	384	54,639
	M						
Diagnostic & Therapeutic Services, Radiology	F	126	5,726	429	32,802	951	79,969
	M	133	5,457	211	9,798	297	16,829
Laboratory Services	F	2	437	7	1,751	24	5,007
	M	1	310	5	1,276	10	2,731
Other Diagnostic & Therapeutic Services	F	632	6,963	811	16,678	1,173	30,443
	M	776	7,863	509	12,442	752	20,568
Special Services[3]	F	24	248	383	5,430	590	8,634
	M	26	295	25	185	40	285
Miscellaneous Services[4]	F	63	2,396	146	5,666	119	4,472
	M	117	4,427	163	6,341	129	4,995
Total	F	4,075	$153,922	8,698	$375,016	12,339	$561,243
	M	4,677	$177,921	4,591	$197,420	5,639	$243,865

Note: This table reflects fee-for-service data only.

Continued...

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.14
Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2006 to March 31, 2007[1][2]

Service Type \ Age & Gender		45 - 64		65 - 74		75 and Older	
		Services	Amount Paid	Services	Amount Paid	Services	Amount Paid
Consultations	F	620	$59,910	936	$96,540	1,137	$120,935
	M	524	51,879	1,038	108,047	1,412	151,446
Major Assessment	F	650	40,996	839	55,614	1,042	75,087
	M	420	27,378	744	50,373	1,200	83,403
Other Assessment	F	4,898	162,152	7,121	234,393	11,301	366,218
	M	3,627	122,491	6,584	218,380	10,602	357,736
Hospital Care Days	F	291	9,173	1,098	34,300	4,253	121,965
	M	326	10,669	1,272	40,167	4,002	121,436
Special Calls	F	68	8,314	124	14,180	491	48,908
	M	63	7,767	137	15,818	394	42,258
Psychotherapy/Counselling	F	1,504	52,386	971	35,070	999	34,745
	M	892	31,249	660	23,326	945	32,164
Major Surgery	F	1,352	86,784	2,264	169,073	2,523	196,797
	M	1,198	84,032	2,728	208,580	3,236	255,355
Minor Surgery	F	141	5,911	166	6,698	186	7,777
	M	143	6,924	216	9,095	283	11,047
Surgical Assistance	F	--	1	--	1		
	M	--	2			--	3
Anaesthesiology	F	35	1,756	42	2,579	41	2,563
	M	27	1,354	44	2,451	44	2,710
Obstetrical Services	F	2	189	--	11	--	11
	M						
Diagnostic & Therapeutic Services, Radiology	F	1,303	101,290	1,582	119,712	1,357	98,777
	M	522	33,544	919	65,778	1,084	78,853
Laboratory Services	F	178	31,990	295	54,679	200	38,260
	M	39	10,489	104	26,975	110	27,632
Other Diagnostic & Therapeutic Services	F	1,821	57,093	2,891	108,555	3,039	128,647
	M	1,575	60,367	3,303	145,101	4,135	191,935
Special Services[3]	F	552	7,040	554	5,765	438	3,543
	M	109	763	277	1,945	394	2,702
Miscellaneous Services[4]	F	147	6,192	207	10,489	434	17,989
	M	135	5,728	188	9,523	404	17,155
Total	F	13,561	$631,179	19,088	$947,658	27,440	$1,262,220
	M	9,600	$454,638	18,215	$925,557	28,245	$1,375,834

Note: This table reflects fee-for-service data only.

(1) A blank cell represents a zero value.

(2) -- equals a non-zero value; actual value too small to be shown.

(3) Special Services include injections, immunizations, pap smears, insertion of IUD.

(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.

Table 2.15
Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for October 1, 2003 to March 31, 2007

Specialty \ Effective Date	October 1, 2003	October 1, 2004	October 1, 2005	October 1, 2006
Anaesthesia	2.4	2.0	2.6	3.7
Cardiology	1.3	1.6	1.6	2.3
Cardiovascular and Thoracic Surgery	1.1	1.2	1.3	2.4
Critical Care Medicine	1.7	1.4	1.8	2.4
Dermatology	1.8	2.7	2.1	2.4
Radiology	1.4	2.2	1.9	3.1
Emergency Medicine	3.2	2.6	3.5	5.0
Endocrinology/Metabolism	6.4	5.0	5.3	7.2
Gastroenterology	2.1	3.0	2.4	4.5
General Practice	3.3	3.9	3.9	5.4
General Surgery	1.9	2.1	2.4	3.3
Mental Health Generalists	3.5	2.8	3.6	4.5
Infectious Diseases	7.7	5.0	5.3	7.7
Internal Medicine	3.1	3.9	3.8	5.5
Nephrology	2.2	2.5	2.7	2.7
Neurology	4.0	4.7	4.8	6.7
Neurosurgery	2.0	2.3	2.4	3.6
Obstetrics-Gynaecology	2.0	2.2	2.8	3.2
Ophthalmology	1.5	2.2	1.9	2.9
Orthopaedic Surgery	2.2	2.3	2.5	3.5
Otolaryngology	1.6	2.1	1.8	2.5
Paediatrics	4.2	4.9	4.8	7.2
Pathology	0.9	2.9	3.5	4.5
Physical Medicine and Rehabilitation	4.9	5.0	5.3	7.7
Plastic Surgery	2.1	2.3	2.5	3.5
Psychiatry	3.2	2.8	4.1	4.5
Respiratory Medicine	5.3	5.0	5.3	5.4
Rheumatology	4.3	5.0	5.3	5.7
Urology	2.0	2.1	2.4	3.1
Vascular Surgery	2.0	2.3	2.3	3.9
All Physicians	**2.7%**	**3.1%**	**3.3%**	**4.5%**

Table 2.16
Basic Health Services:
Percentage Changes to Rates in the Schedules of Benefits
for April 1, 2001 to March 31, 2007

Type of Practitioner / Effective Date	Medical	Dentists/Oral Surgeons	Chiropractors	Optometrists	Podiatrists
	(%)	(%)	(%)	(%)	(%)
April 1, 2001	6.3	Nil	Nil	1.9	Nil
August 1, 2001	Nil	8.1	Nil	Nil	Nil
November 1, 2001	3.4	Nil	Nil	Nil	Nil
April 1, 2002	10.9	Nil	Nil	2.0	Nil
October 1, 2002	2.0	Nil	Nil	Nil	Nil
April 1, 2003	Nil	3.9	2.0	3.9	2.9
October 1, 2003	2.7	Nil	Nil	Nil	Nil
April 1, 2004	Nil	3.9	2.5	2.9	2.9
October 1, 2004	3.1	Nil	Nil	Nil	Nil
April 1, 2005	Nil	Nil	Nil	2.9	Nil
October 1, 2005	3.3	Nil	Nil	Nil	Nil
April 1, 2006	Nil	Nil	Nil	4.0	Nil
October 1, 2006	4.5	3.5	2.9	Nil	Nil

Did You Know?

Alberta's telehealth network includes over 200 telehealth sites across the province, including 25 that offer tele-ultrasound/radiology services.

Alternate Relationship Plans Description

In early 2003, Alberta Health and Wellness, the Alberta Medical Association and the regional health authorities of Alberta entered into a trilateral relationship and budget management process for strategic physician agreements via a Master Agreement that remains in effect until 2011. Alternate Relationship Plans (ARPs) are an important part of this overall agenda.

The purpose of ARPs is to promote innovation in clinical service delivery, with the intention of enhancing the following five dimensions:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

Model Type Definitions

Clinical Alternate Relationship Plans

- Capitation Alternate Relationship Plan - This model is used for the provision of family medicine or primary health care, with a predetermined annual amount for each of its patients within a defined population and basket of services.
- Contractual Type Alternate Relationship Plan - Funding is based on a pre-negotiated amount, for a pre-determined level of services, over a specified period of time (e.g. one year).
- Sessional Alternate Relationship Plan - Under this model, the physician is paid an hourly rate for work during a set period of time for the provision of insured medical services within an organized program.

Academic Alternate Relationship Plans

Academic ARPs are pooled funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements are vital in ensuring a stable and sustainable health professional supply for Alberta and have been successful in:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

Academic ARPs are inclusive agreements that involve all relevant stakeholders including, but not limited to: the involved Universities and Faculties of Medicine, the participating physicians, Alberta Health and Wellness, the appropriate regional health authorities, the Alberta Medical Association, other funding bodies, and related ministries such as Advanced Education.

Table 2.17
Alternate Relationship Plans (ARPs) Summary by Type for the Service Year April 1, 2006 to March 31, 2007[1]

ARP Types[2]	GPs	Specialists	Total[3]
Capitation ARP	16		16
Contractual ARP	64	87	151
Sessional ARP	119	53	172
Academic ARP[4]			523
Number of Physicians			**862**
Expenditures[5]			$151,295,359

(1) The physician counts are as of March 31, 2007.
(2) There were a total of 37 ARPs as of March 31, 2007 (31 Clinical ARPs and 6 Academic ARPs).
(3) The physician total can fluctuate from month to month, and should be considered approximate. Physicians can participate in more than one ARP model type.
(4) A breakdown of physicians for Academic ARPs is not available at this time.
(5) Total expenditures are for the fiscal year April 1, 2006 to March 31, 2007, as at July 31, 2007. This total represents the amount paid to ARPs and not the amount paid to individual physicians within an ARP.

Did You Know?

As of March 31, 2007, 862 physicians participated in Alternate Relationship Plans. A total of $151,295,359 was spent on Alternate Relationship Plans during the 2006/2007 fiscal year.

Table 2.18
Out-of-Country Basic Health Services:
Distribution of Payments, Number of Services and Discrete Patients
for the Service Year April 1, 2006 to March 31, 2007[1]

Practitioner Type	Total Out-of-Country			United States			Out-of-Country (except United States)		
	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments	Number of Services	Discrete Patients	Payments
Physicians[2]	22,547	8,703	$1,049,143	2,319	438	$167,820	20,228	8,561	$881,323
Dentists/Oral Surgeons	6	3	262	5	2	181	1	1	81
Chiropractors	322	119	4,187	18	4	240	304	115	3,947
Optometrists	13	11	498	0	0	0	13	11	498
Podiatrists	21	12	454	0	0	0	21	12	454
Total	**22,909**	**8,831**	**$1,054,544**	**2,342**	**444**	**$168,241**	**20,567**	**8,685**	**$886,303**

Note: This table reflects fee-for-service data only.

(1) The total discrete patients is a discrete overall patient count and not a sum.

(2) Does not include physician services which were paid under the Out-of-Country Health Services Program.

Emergency Out-of-Country Health Coverage

Emergency out-of-country practitioner and hospital services received by Albertans are paid at rates approved by the Minister of Alberta Health and Wellness.

Many emergency out-of-country medical and hospital services cost more than the amount paid by the Alberta Health Care Insurance Plan, and any additional costs are the responsibility of the patient. Alberta Health and Wellness strongly encourages Albertans traveling outside Canada to purchase supplementary health insurance.

Under certain circumstances, the Out-of-Country Health Services Committee and, when applicable, the Appeal Panel, considers funding for insured physician, dentist/oral surgeon and hospital services not available in Canada. The program has specific criteria that must be met for funding to be considered.

Table 2.19
Out-of-Country Health Services Program:
Applications Reviewed
for the Service Years Ended March 31, 2003 to March 31, 2007

Status of Applications	Type of Service				
	Required services not available in Alberta				
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Received	101	95	100	86	84
Approved	45	44	34	44	47
Approved on Appeal [1]	11	7	15	5	2
Denied	45	44	51	37	35

(1) Row added to show those approved by the Appeal Panel. Denied numbers have been adjusted for the years ending 2003 to 2007.

Table 2.20
Out-of-Country Health Services Program:
Fee-For-Service Payments Made for Approved Applications
for the Service Years Ended March 31, 2003 to March 31, 2007

Amount Paid ($)	Type of Service				
	Required services not available in Alberta				
	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
Total	$4,281,647	$2,599,326	$2,920,577	$1,934,320	$2,994,504
Medical Services	916,495	628,958	505,307	416,416	1,000,667
Hospital Services	3,365,152	1,970,368	2,415,269	1,517,904	1,993,838

Note: This table reflects fee-for-service data only.

Primary Care Networks

Primary Care Networks (PCNs) are formed through formal arrangements between groups of primary care physicians and their regional health authorities. PCNs are organized to deliver a wide range of primary care services. They have the flexibility to design local programs that meet the needs of patients, while working within the provincial framework.

Primary care is the first point of contact people have with the health system, where health services are mobilized and coordinated to promote health, prevent illness, care for common illness and manage ongoing problems. Primary care is the first contact for patients when a problem develops.

The goals of PCNs are to:

1. Improve access to primary care services for more Albertans.
2. Manage access to appropriate round-the-clock primary care services.
3. Increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses.
4. Improve coordination of primary care services with hospital, long-term and specialty care.
5. Foster a team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005.

Did You Know?

As of March 31, 2007, nineteen (19) Primary Care Networks were operating in eight health regions. These 19 Primary Care Networks involve a total of 949 physicians who provide services to 1,241,630 patients.

Table 2.21
Primary Care Networks (PCNs):
Distribution by Health Region, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2006 to March 31, 2007

Primary Care Network	Health Region	Number of Primary Care Physicians[1]	Number of Patients Enrolled[2]	Total Payments to the Primary Care Networks[3][4]
Chinook PCN	Chinook Regional Health Authority	114	154,766	$9,747,976
Palliser Urban PCN	Palliser Health Region	34	57,344	3,696,525
Calgary Rural PCN	Calgary Health Region	94	82,295	6,269,711
South Calgary PCN	Calgary Health Region	61	87,019	5,563,734
Calgary Foothills PCN	Calgary Health Region	106	134,277	7,924,784
Calgary West Central PCN	Calgary Health Region	107	133,736	8,927,167
Red Deer PCN	David Thompson Regional Health Authority	58	99,769	5,596,233
Rocky Mountain House PCN	David Thompson Regional Health Authority	21	16,145	1,103,482
Camrose PCN	East Central Health	16	23,279	1,471,150
Provost-Consort	East Central Health/David Thompson RHA	6	6,930	403,350
Edmonton Oliver PCN	Capital Health	27	49,100	3,356,050
Edmonton Southside PCN	Capital Health	65	86,337	5,107,183
Edmonton West PCN	Capital Health	54	71,194	4,473,199
Leduc/Beaumont PCN	Capital Health	29	51,482	3,378,407
St. Albert & Sturgeon PCN	Capital Health	42	57,260	3,358,433
WestView PCN	Capital Health	52	60,091	3,930,494
Bonnyville PCN	Aspen Regional Health Authority	35	15,509	1,146,584
Northwest PCN	Northern Lights Health Region	9	10,654	468,241
Wood Buffalo PCN	Northern Lights Health Region	19	44,443	2,597,883
Total		**949**	**1,241,630**	**$78,520,586**

(1) The term Primary Care Physician includes both family physicians and general practitioners. Physicians participating in PCNs continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.

(2) Informal enrollment is based on a default method of calculating two patient encounters with a PCN health service provider at a PCN service delivery location for services included in Article 8, Schedule G of the Primary Care Initiative Agreement, in the past three years.

(3) PCNs operate within a mixed payment environment, receiving a capitation payment of up to $50 per patient per year. In addition, some PCNs are eligible for Capacity Building Grants for a maximum of two years to enable them to increase their capacity to attract and retain an optimal patient population.

(4) Payment totals reflect an adjustment to change the semi-annual payment cycle to correspond with the fiscal year.

Section 3: Regional Data

Summary

This section provides practitioner fee-for-service data broken down by health region. Alberta has nine regional health authorities, which are responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. They work with communities to deliver health services, including mental health services, to local residents. Information about regional health authority services and costs is in the *Alberta Ministry of Health and Wellness Annual Report 2006/2007*.

Highlights

- A total of 38 per cent of practitioner fee-for-service expenditures were for services received in the Calgary Health Region.
- A total of 38 per cent of practitioner fee-for-service expenditures were for services received in Capital Health.
- The balance, 24 per cent of practitioner fee-for-service expenditures, were for services received in the other seven health regions.
- An average of 69 per cent of payments for services received by patients were provided in the health region where they reside.

Did You Know?

The Newborn Metabolic Screening Program has been expanded to screen for 17 additional disorders including cystic fibrosis.

Figure 5
Map of Health Regions

Explanatory Notes

Number of Practitioners

Statistics shown for the number of practitioners in a region are based on the number of practitioners who received fee-for-service payments for services provided in that particular region. A practitioner may work in several regions and will have been counted in each region where he/she provided services.

Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

Regional Boundary Changes

Regional boundaries are subject to change; therefore, year-over-year comparisons by region need to be interpreted with caution. The map on health regions shows the current boundaries which were put in place on December 1, 2003.

Service Location and Recipient Location

Data in this section is provided on a service location basis. Patients from rural and remote regions often travel to larger urban centres in other regions to receive services. This affects statistics shown for health services and payments for both regions involved. This point is illustrated in Table 3.2, which shows medical payments to physicians based on both service location and recipient location. Recipient location data is for the health region where the patient lived on the date of service.

Did You Know?

Regional Shared Health Information Program is a partnership between 7 of 9 health regions now using a single health information system, part of the Provincial Electronic Health Record.

Table 3.1
Distribution of Population Covered by Health Region Service Location as at March 31, 2007[1]

Health Region Service Location	Registered Population		
	Total	Male	Female
Chinook Regional Health Authority	159,994	79,116	80,878
Palliser Health Region	104,922	52,784	52,138
Calgary Health Region	1,238,959	616,307	622,652
David Thompson Regional Health Authority	308,232	153,905	154,327
East Central Health	113,673	56,505	57,168
Capital Health	1,056,148	523,751	532,397
Aspen Regional Health Authority	180,356	91,618	88,738
Peace Country Health	143,071	73,323	69,748
Northern Lights Health Region	78,909	41,289	37,620
Unknown	361	194	167
Total	**3,384,625**	**1,688,792**	**1,695,833**

(1) The population figures are as at March 31, 2007, calculated in July 2007.

Did You Know?

Alberta Alcohol and Drug Abuse Commission provided information and prevention services to more than 150,000 Albertans and provided treatment services to more than 35,000 people.

Table 3.2
Distribution of Payments to Physicians by Health Region
Service Location and Recipient Location
for the Service Year April 1, 2006 to March 31, 2007[1]

Health Region Service Location	Health Region Recipient Location					
	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Chinook Regional Health Authority	$67,861,927	**$62,262,888**	$1,283,274	$3,179,767	$338,607	$84,765
Palliser Health Region	40,999,548	452,867	**39,179,000**	651,545	262,506	60,877
Calgary Health Region	594,096,185	8,045,001	7,027,684	**558,126,095**	13,475,876	658,077
David Thompson Regional Health Authority	119,478,949	339,914	458,817	4,661,667	**106,426,259**	1,941,865
East Central Health	31,301,236	33,680	52,510	256,369	1,630,574	**26,261,122**
Capital Health	586,303,011	858,579	567,086	5,559,388	17,103,624	17,777,606
Aspen Regional Health Authority	45,247,789	52,512	59,093	293,664	395,390	499,804
Peace Country Health	44,891,671	72,028	59,022	391,264	306,955	74,035
Northern Lights Health Region	20,769,818	36,891	32,259	269,626	136,818	58,732
Unknown	7,178,031	90,544	84,384	1,436,654	141,472	4,325,520
Total	**$1,558,128,163**	**$72,244,904**	**$48,803,129**	**$574,826,038**	**$140,218,081**	**$51,742,402**

Note: This table reflects fee-for-service data only.

Continued...

(1) The sums of the payments may not match the totals due to rounding.

Table 3.2
Distribution of Payments to Physicians by Health Region
Service Location and Recipient Location
for the Service Year April 1, 2006 to March 31, 2007[1]

Health Region Service Location	Health Region Recipient Location				
	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Chinook Regional Health Authority	$383,311	$90,362	$108,338	$65,764	$64,852
Palliser Health Region	178,951	56,967	66,151	26,529	64,154
Calgary Health Region	4,206,629	718,184	692,720	560,395	585,523
David Thompson Regional Health Authority	4,007,412	829,917	472,769	208,825	131,504
East Central Health	1,905,137	950,823	100,124	61,757	49,141
Capital Health	**494,790,102**	33,792,092	9,337,511	5,991,992	525,030
Aspen Regional Health Authority	2,431,852	**40,061,090**	1,075,226	331,441	47,717
Peace Country Health	796,420	474,381	**41,692,363**	965,703	59,502
Northern Lights Health Region	776,149	261,689	168,864	**18,998,502**	30,289
Unknown	557,559	398,164	66,441	44,071	**33,221**
Total	**$510,033,523**	**$77,633,668**	**$53,780,506**	**$27,254,980**	**$1,590,932**

Note: This table reflects fee-for-service data only.

(1) The sums of the payments may not match the totals due to rounding.

Table 3.3
Distribution of Payments by International Classification of Diseases and Health Region Service Location for the Service Year April 1, 2006 to March 31, 2007

Health Region Service Location / International Classification of Diseases	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health
Infectious and Parasitic Diseases	$26,215,928	$1,266,859	$788,061	$9,957,533	$2,516,121	$666,776
Neoplasms	52,947,735	2,537,299	1,306,923	20,667,004	3,026,312	967,338
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	42,812,244	2,000,573	1,957,788	13,995,824	3,220,409	1,096,420
Diseases of Blood and Blood Forming Organs	6,529,645	382,156	326,502	2,309,926	620,998	208,775
Mental Disorders	154,876,692	6,219,201	3,410,578	57,564,797	13,677,156	2,652,430
Diseases of the Nervous System and Sense Organs	108,604,669	4,352,667	3,256,167	44,574,669	6,303,220	1,891,409
Diseases of the Circulatory System	112,685,862	4,047,845	2,905,116	41,423,404	7,178,155	2,387,418
Diseases of the Respiratory System	100,093,629	4,423,396	2,745,406	35,434,977	9,270,077	2,465,176
Diseases of the Digestive System	59,009,175	3,293,697	1,980,434	19,027,120	5,659,863	2,000,488
Diseases of the Genitourinary System	75,838,941	3,857,946	2,114,372	29,270,219	6,729,147	1,737,190
Complications of Pregnancy, Childbirth and the Puerperium	49,669,023	2,460,768	863,922	20,951,575	4,276,059	891,795
Diseases of the Skin and Subcutaneous Tissue	45,826,126	1,717,442	1,235,171	16,970,211	4,351,202	1,021,765
Diseases of the Musculoskeletal System and Connective Tissue	77,601,675	4,428,514	2,347,619	26,070,727	6,571,678	2,343,230
Congenital Anomalies	4,829,001	122,766	43,673	1,838,338	160,592	23,556
Certain Conditions Originating in the Perinatal Period	7,639,331	425,306	247,792	2,447,444	771,110	43,486
Symptoms, Signs and Ill-Defined Conditions	157,486,642	7,116,231	4,241,546	59,497,997	13,663,974	3,434,679
Injury and Poisoning	85,636,500	4,029,369	2,192,443	29,078,489	8,172,484	2,285,535
Non-Standard Diagnostic Codes[1]	124,160,016	4,814,378	3,528,588	47,623,300	10,138,936	3,076,183
Unknown Diagnostic Chapter[2]	265,665,330	10,365,515	5,507,447	115,392,629	13,171,457	2,107,588
Total	**$1,558,128,163**	**$67,861,927**	**$40,999,548**	**$594,096,185**	**$119,478,949**	**$31,301,236**

Note: This table reflects fee-for-service data only.

Continued...

(1) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases, i.e., V codes.

(2) Radiologists, pathologists, surgical assistants and anaesthesiologists do not have to provide diagnostic codes when submitting claims to AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Table 3.3
Distribution o Payments by International Classification of Disease and Health Region Service Location for the Serv:e Year April 1, 2006 to March 31, 2007

Health Region Service Location / International Classification of Diseases	Cpital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Infectious and Parasitic Diseases	$8,397,166	$1,123,407	$906,473	$444,259	$149,273
Neoplasms	21,539,092	983,771	1,135,990	309,405	474,602
Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	16,522,441	1,668,725	1,387,514	756,094	206,456
Diseases of Blood and Blood Forming Organs	2,062,585	299,668	185,807	86,995	46,233
Mental Disorders	63,912,965	2,345,279	2,557,851	1,650,333	886,103
Diseases of the Nervous System and Sense Organs	41,474,035	2,365,525	3,310,208	687,473	389,297
Diseases of the Circulatory System	47,873,395	3,058,720	2,373,848	956,398	481,562
Diseases of the Respiratory System	34,755,103	4,913,360	3,743,063	1,864,180	478,893
Diseases of the Digestive System	19,917,296	2,693,607	2,670,958	1,166,591	599,122
Diseases of the Genitourinary System	26,265,848	2,399,924	2,112,217	1,040,028	312,051
Complications of Pregnancy, Childbirth and the Puerperium	14,543,547	1,853,368	1,853,365	1,574,043	400,583
Diseases of the Skin and Subcutaneous Tissue	16,634,527	1,861,479	1,198,927	655,973	179,428
Diseases of the Musculoskeletal System and Connective Tissue	27,496,698	4,037,050	3,101,376	981,098	223,685
Congenital Anomalies	2,478,158	29,927	98,673	22,710	10,608
Certain Conditions Originating in the Perinatal Period	2,512,417	139,909	744,471	192,964	114,433
Symptoms, Signs and Ill-Defined Conditions	55,349,371	4,676,143	5,634,897	3,113,524	758,280
Injury and Poisoning	30,120,167	4,393,646	3,622,460	1,335,251	406,656
Non-Standard Diagnostic Codes(1)	41,173,685	4,999,487	5,508,686	2,763,043	533,730
Unknown Diagnostic Chapter(2)	113,274,515	1,404,795	2,744,887	1,169,459	527,039
Total	**$586,303,011**	**$45,247,789**	**$44,891,671**	**$20,769,818**	**$7,178,031**

Note: This table reflects fee-for-service data only.

(1) Non-Standard Diagnostic Codes are supplementary diagnostic cos to the International Classification of Diseases; i.e., V codes.

(2) Radiologists, pathologists, surgical assistants and anaesthesiology do not have to provide diagnostic codes when submitting claims to AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.

Table 3.4
Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Health Region Service Location for the Service Year April 1, 2006 to March 31, 2007[1][2]

Health Region Service Location	Total			General/Family Physicians			Specialists[3]		
	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments	Number of Physicians	Amount Paid	Average Payments
Chinook Regional Health Authority	239	$60,977,337	$255,135	151	$33,013,854	$218,635	88	$27,963,483	$317,767
Palliser Health Region	157	36,926,962	235,204	85	22,301,301	262,368	72	14,625,662	203,134
Calgary Health Region	2,156	512,002,079	237,478	1,210	232,510,138	192,157	946	279,491,941	295,446
David Thompson Regional Health Authority	452	110,016,102	243,398	319	74,456,711	233,407	133	35,559,391	267,364
East Central Health	171	29,649,484	173,389	132	23,689,756	179,468	39	5,959,728	152,814
Capital Health	1,884	506,219,904	268,694	1,003	205,784,514	205,169	881	300,435,390	341,016
Aspen Regional Health Authority	241	44,933,128	186,445	203	40,198,140	198,020	38	4,734,988	124,605
Peace Country Health	206	41,597,493	201,930	144	29,087,052	201,993	62	12,510,441	201,781
Northern Lights Health Region	90	20,531,831	228,131	62	15,176,432	244,781	28	5,355,399	191,264
Unknown	93	6,328,062	68,044	58	3,696,468	63,732	35	2,631,594	75,188
Total	**5,689**	**$1,369,182,382**	**$240,672**	**3,367**	**$679,914,367**	**$201,935**	**2,322**	**$689,268,016**	**$296,842**

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region. The numbers are not a sum as a physician may provide health services in multiple health regions.

(2) The total amount paid may not match the sum of amounts paid due to rounding.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.5
Number of General/Family Physicians by Payment Range and Health Region Service Location for the Service Year April 1, 2006 to March 31, 2007 [1][2]

Health Region Service Location / Payment Range	All Health Regions	Chinook Regional Health Authority	Palliser Health Region	Calgary Health Region	David Thompson Regional Health Authority	East Central Health	Capital Health	Aspen Regional Health Authority	Peace Country Health	Northern Lights Health Region	Unknown
Less than $10,000	1,515	74	70	260	136	111	226	126	75	51	386
10,000- 19,999	181	11	8	33	18	20	31	19	11	8	22
20,000- 39,999	239	9	7	85	19	16	55	22	14	5	7
40,000- 59,999	164	8	2	63	14	5	45	14	8	1	4
60,000- 79,999	172	11	2	64	15	8	49	7	10	2	4
80,000- 99,999	179	3	3	66	16	5	66	7	4	3	6
100,000-119,999	156	5	1	68	9	4	43	11	7	3	5
120,000-139,999	175	4	2	77	4	11	56	6	10	2	3
140,000-159,999	161	3	3	74	9	2	58	7	2	1	2
160,000-179,999	174	7	1	79	6	3	61	13	2		2
180,000-199,999	189	5	2	86	12	3	63	3	9	4	2
200,000-299,999	823	38	19	309	91	20	276	32	29	8	1
300,000-399,999	480	35	13	128	79	24	126	46	20	9	
400,000-499,999	176	7	14	49	18	8	43	12	15	10	
500,000-599,999	65	3	6	22	7	3	15	2	3	4	
600,000-699,999	18	2	2	3			8	1		2	
700,000-799,999	8			2			5	1			
800,000-899,999	2			1	1						
900,000-999,999	3			1	1		1				
1,000,000 & over	2						2				
Total	4,882	225	155	1,470	455	243	1,229	329	219	113	644

Note: This table reflects fee for service data only.

(1) This report reflects discrete physician counts of physicians within each region, where the physician payment was greater than zero within the health region. The numbers are not a sum as a physician may provide health services in multiple health regions.

(2) A blank cell represents a zero value.

Table 3.6
Number of Physicians by Specialty Within Each Health Region for the Service Year April 1, 2006 to March 31, 2007 [1][2]

Physicians by Specialty	Number of Physicians[3]			
	All Health Regions	Capital Health	Calgary Health Region	All Other Regions
Total: All Physicians	7,975	2,233	2,522	3,220
All Specialists (except GP/FPs & laboratory specialists)	3,093	1,004	1,052	1,037
Physicians by Specialty				
Anaesthesiology	364	127	145	92
Cardiovascular and Thoracic Surgery	27	14	12	1
Dermatology	44	17	19	8
Emergency Medicine	92	33	43	16
General/Family Physicians (GP/FPs)	4,882	1,229	1,470	2,183
General Surgery	244	59	71	114
Internal Medicine	656	244	186	226
Neurology	83	22	45	16
Neurosurgery	14	8	6	
Obstetrics-Gynaecology	223	59	75	89
Ophthalmology	123	40	45	38
Orthopaedic Surgery	186	48	64	74
Otolaryngology	52	17	18	17
Paediatrics	351	86	120	145
Physical Medicine and Rehabilitation	38	17	12	9
Plastic Surgery	57	16	23	18
Psychiatry	468	171	153	144
Urology	71	26	15	30

Note: This table reflects fee-for-service data only.

(1) This report reflects discrete physician counts of physicians within each region where the physician payment was greater than zero within the health region. These numbers are significantly higher than those in Table 3.4 because many physicians provide health services in more than one health region.

(2) A blank cell represents a zero value.

(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.

Table 3.7
Allied Health Services:
Distribution of Services and Payments
by Health Region Service Location
for the Service Year April 1, 2006 to March 31, 2007[1]

Health Region Service Location	Total		Chiropractors		Optometrists	
	Services	Payments	Services	Payments	Services	Payments
Chinook Regional Health Authority	247,748	$4,366,754	200,101	$2,666,763	27,261	$1,147,236
Palliser Health Region	134,919	2,365,832	106,529	1,420,469	16,585	688,667
Calgary Health Region	1,604,866	28,930,020	1,320,144	17,514,119	153,329	6,367,193
David Thompson Regional Health Authority	481,635	8,387,533	408,246	5,508,507	58,487	2,461,223
East Central Health	120,613	2,342,894	105,909	1,414,555	21,480	898,158
Capital Health	1,158,528	22,994,111	991,840	13,661,127	149,798	6,336,729
Aspen Regional Health Authority	145,057	2,624,228	120,494	1,610,264	22,224	947,014
Peace Country Health	93,827	1,703,024	75,205	1,007,293	10,635	712,995
Northern Lights Health Region	42,311	746,976	35,344	472,557	5,936	248,954
Unknown	12,797	305,229	326	4,316	209	9,954
Total	4,050,293	$74,946,995	3,364,150	$45,679,997	671,867	$19,484,346

Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

Continued...

Table 3.7
Allied Health Services:
Distribution of Services and Payments
by Health Region Service Location
for the Service Year April 1, 2006 to March 31, 2007[1][2]

Health Region Service Location	Dentists/Oral Surgeons		Podiatrists	
	Services	Payments	Services	Payments
Chinook Regional Health Authority	121	$11,746	20,265	$747,087
Palliser Health Region	41	7,189	11,764	249,564
Calgary Health Region	7,229	1,532,606	124,166	5,316,193
David Thompson Regional Health Authority	343	38,715	14,559	579,041
East Central Health	12	1,320	1,292	56,670
Capital Health	9,977	2,037,677	107,823	3,759,042
Aspen Regional Health Authority	59	6,229	5,305	63,720
Peace Country Health	23	2,366	1,863	66,477
Northern Lights Health Region			1,031	23,533
Unknown	1	1,394	12,760	390,777
Total	16,783	$3,637,243	297,528	$7,935,847

Note: This table reflects fee-for-service data only.

(1) The payment totals may not match the sum of the payments made to the health regions due to rounding.

(2) A blank cell represents a zero value.

Section 4: Alberta Blue Cross Non-Group Plans

Summary

Alberta Blue Cross Non-Group plans are supplementary health insurance plans that provide coverage for drugs and selected health services. These supplementary plans are funded by Alberta Health and Wellness and administered by Alberta Blue Cross. Albertans under the age of 65 can purchase Alberta Blue Cross Non-Group Coverage. Reduced Alberta Blue Cross premium rates are available to those who apply and qualify for Alberta Health Care Insurance Plan (AHCIP) premium subsidy. Premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as needing palliative care who receive their health care at home.

The government-sponsored Alberta Blue Cross supplementary health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross.

The data in this section includes the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation, or other). Information is also provided about the number, types and costs of drug prescriptions, and the top ten drug expenditures.

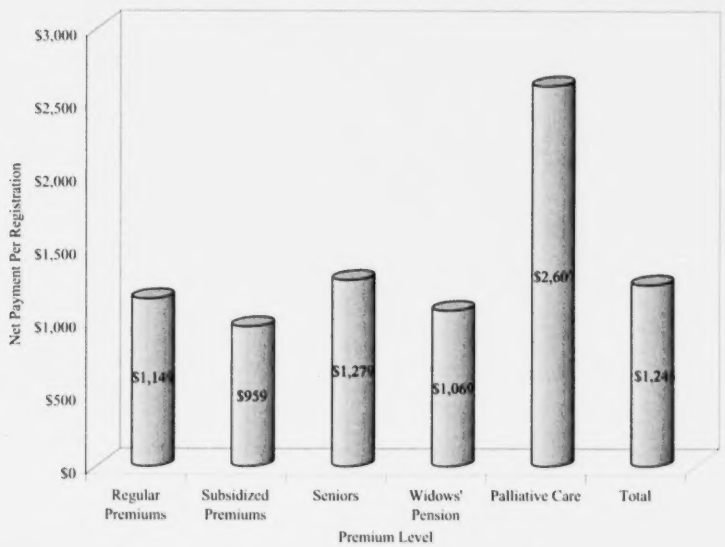
Highlights

- In 2006/2007, the number of Albertans who were covered under Alberta Blue Cross Non-Group plans increased to 543,430, an increase of 3 per cent compared to 2005/2006.
- The number of persons who paid full premium rates was 101,077 (19 per cent of the total non-group membership), an increase of 2 per cent compared to 2005/2006.
- A total of 42,598 people (8 per cent of the total non-group membership) received non-group coverage at reduced premium rates, an increase of 4 per cent compared to 2005/2006.
- A total of 399,755 people (74 per cent of total non-group membership) received their coverage premium-free, an increase of 3 per cent compared to 2005/2006.
- More than $611 million was paid for benefits under the Alberta Blue Cross Non-Group plans in 2006/2007, an increase of 6 per cent compared to 2005/2006.
- More than $473 million was paid for benefits for seniors or their spouses/partners/dependants. These payments accounted for 78 per cent of the total amount spent on the Alberta Blue Cross Non-Group plans, an increase of more than 7 per cent compared to 2005/2006.
- Drugs accounted for $587,875,225 or 96 per cent of total non-group benefit expenditures. Ambulance services accounted for $17,801,280 or 3 per cent of the total.
- Based on net payments for the non-group plans, Pantoloc (40mg), an ulcer treatment, was the highest expenditure drug product with a total of 182,262 prescriptions and a net payment benefit of $20,688,686.

- In 2006/2007, the ten highest expenditure drugs were used to treat common chronic conditions.
  - Gastro-intestinal ulcers and stomach acid-related conditions were treated using Pantoloc, Prevacid and Apo-Omeprazole (capsule), for a total of $43.5 million.
  - High cholesterol conditions were treated using Lipitor (in three strengths), for a total of $45.9 million.
  - High blood pressure was treated using Norvasc (in two strengths) and Altace, for a total of $31.1 million.
  - Prevention of heart attack and stroke were treated using Plavix.

Figure 6 illustrates average net drug payments per recipient, sorted according to the coverage category of Alberta Blue Cross Non-Group benefit recipients for the service year April 1, 2006 to March 31, 2007.

Figure 6
Alberta Blue Cross Non-Group Coverage:
Average Net Payment for Drugs per Recipient by Coverage Category
for the Service Year April 1, 2006 to March 31, 2007



Explanatory Notes

Data

Data in this section are provided directly by Alberta Health and Wellness (Tables 4.1 - 4.3), Alberta Blue Cross (Tables 4.4 - 4.5, and 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6). The tables report information for people covered under the non-group plans.

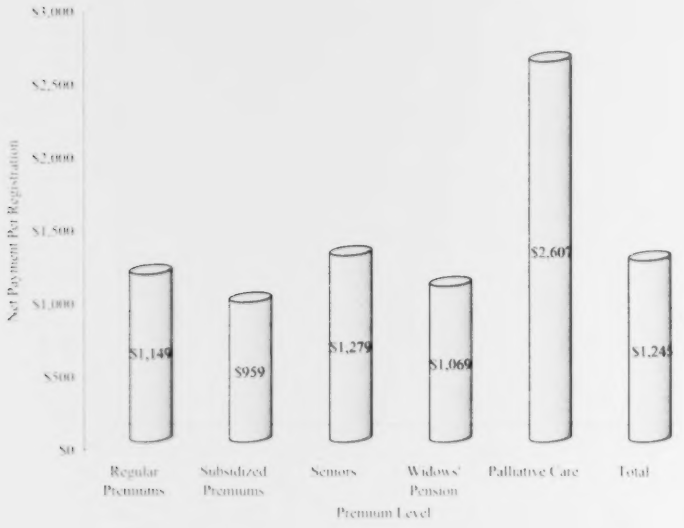
Non-Group Coverage Parameters

Non-Group coverage includes drugs, some ambulance services, clinical psychological services, some home nursing care, prosthetic and orthotic benefits and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List defines the drugs that are covered by the Alberta Blue Cross Non-Group plans.

- In 2006/2007, the ten highest expenditure drugs were used to treat common chronic conditions.
  - Gastro-intestinal ulcers and stomach acid-related conditions were treated using Pantoloc, Prevacid and Apo-Omeprazole (capsule), for a total of $43.5 million.
  - High cholesterol conditions were treated using Lipitor (in three strengths), for a total of $45.9 million.
  - High blood pressure was treated using Norvasc (in two strengths) and Altace, for a total of $31.1 million.
  - Prevention of heart attack and stroke were treated using Plavix.

Figure 6 illustrates average net drug payments per recipient, sorted according to the coverage category of Alberta Blue Cross Non-Group benefit recipients for the service year April 1, 2006 to March 31, 2007.

Figure 6
Alberta Blue Cross Non-Group Coverage:
Average Net Payment for Drugs per Recipient by Coverage Category
for the Service Year April 1, 2006 to March 31, 2007



Explanatory Notes

Data

Data in this section are provided directly by Alberta Health and Wellness (Tables 4.1 - 4.3), Alberta Blue Cross (Tables 4.4 - 4.5, and 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6). The tables report information for people covered under the non-group plans.

Non-Group Coverage Parameters

Non-Group coverage includes drugs, some ambulance services, clinical psychological services, some home nursing care, prosthetic and orthotic benefits and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Health and Wellness Drug Benefit List defines the drugs that are covered by the Alberta Blue Cross Non-Group plans.

Table 4.1
Alberta Blue Cross Non-Group Coverage:
Number of Registrations and Persons Covered by Level of Premium Payment
as at March 31, 2003, 2004, 2005, 2006 and 2007[1]

Registration Status		Number of Registrations & Persons Covered					Percentage Change			
		2003	2004	2005	2006	2007	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006
Regular Premiums	**Registrations**	43,507	45,948	47,577	47,582	48,631	5.61	3.55	0.01	2.20
	Persons	92,027	96,003	99,025	98,704	101,077	4.32	3.15	(0.32)	2.40
Reduced Premiums	**Registrations**	18,635	18,999	19,441	21,222	22,445	1.95	2.33	9.16	5.76
	Persons	36,948	37,776	38,057	40,852	42,598	2.24	0.74	7.34	4.27
No Premiums[2]	**Registrations**	244,603	250,268	258,530	265,284	272,160	2.32	3.30	2.61	2.59
	Persons	356,828	365,299	378,771	389,138	399,755	2.37	3.69	2.74	2.73
Total	**Registrations**	**306,745**	**315,215**	**325,548**	**334,088**	**343,236**	**2.76%**	**3.28%**	**2.62%**	**2.74%**
	Persons	**485,803**	**499,078**	**515,853**	**528,694**	**543,430**	**2.73%**	**3.36%**	**2.49%**	**2.79%**

(1) The population figures are as at March 31, calculated in July.

(2) Persons covered under the Seniors, Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.

Table 4.2
Alberta Blue Cross Non-Group Coverage:
Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2003, 2004, 2005, 2006 and 2007[1][2]

Registration Status		Total					Regular Premium				
		2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
One Person	Registrations	162,975	167,467	172,034	176,298	180,525	17,114	18,425	19,289	19,016	19,094
	Persons	162,975	167,467	172,034	176,298	180,525	17,114	18,425	19,289	19,016	19,094
Two Persons	Registrations	125,150	128,520	133,729	137,844	142,369	15,208	15,971	16,318	16,819	17,517
	Persons	250,300	257,040	267,458	275,688	284,738	30,416	31,942	32,636	33,638	35,034
Three or More	Registrations	18,620	19,228	19,785	19,946	20,342	11,185	11,552	11,970	11,747	12,020
Persons	Persons	72,528	74,571	76,361	76,708	78,167	44,497	45,636	47,100	46,050	46,949
Total	**Registrations**	**306,745**	**315,215**	**325,548**	**334,088**	**343,236**	**43,507**	**45,948**	**47,577**	**47,582**	**48,631**
	Persons	**485,803**	**499,078**	**515,853**	**528,694**	**543,430**	**92,027**	**96,003**	**99,025**	**98,704**	**101,077**

Registration Status		Subsidized Premium[3]					Seniors[4]				
		2002/2003	2003/2004	2004/2005	2005/2006	2006/2007	2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
One Person	Registrations	9,631	9,844	10,226	11,473	12,461	134,338	137,402	140,982	144,563	148,010
	Persons	9,631	9,844	10,226	11,473	12,461	134,338	137,402	140,982	144,563	148,010
Two Persons	Registrations	4,523	4,513	4,649	4,916	5,021	105,318	107,946	112,692	116,058	119,791
	Persons	9,046	9,026	9,298	9,832	10,042	210,636	215,892	225,384	232,116	239,582
Three or More	Registrations	4,481	4,642	4,566	4,833	4,963	2,912	2,999	3,220	3,346	3,347
Persons	Persons	18,271	18,906	18,533	19,547	20,095	9,615	9,907	10,627	11,044	11,084
Total	**Registrations**	**18,635**	**18,999**	**19,441**	**21,222**	**22,445**	**242,568**	**248,347**	**256,894**	**263,967**	**271,148**
	Persons	**36,948**	**37,776**	**38,057**	**40,852**	**42,598**	**354,589**	**363,201**	**376,993**	**387,723**	**398,676**

Registration Status		Widows' Pension[4]				
		2002/2003	2003/2004	2004/2005	2005/2006	2006/2007
One Person	Registrations	1,892	1,796	1,537	1,246	960
	Persons	1,892	1,796	1,537	1,246	960
Two Persons	Registrations	101	90	70	51	40
	Persons	202	180	140	102	80
Three or More	Registrations	42	35	29	20	12
Persons	Persons	145	122	101	67	39
Total	**Registrations**	**2,035**	**1,921**	**1,636**	**1,317**	**1,012**
	Persons	**2,239**	**2,098**	**1,778**	**1,415**	**1,079**

Did You Know?

Ambulance transportation is not an insured service in Canada.

(1) The population figures are as at March 31, calculated in July.

(2) The report reflects a discrete count of people receiving Alberta Blue Cross Non-Group coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased non-group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.

Note: As at March 31, 2007, 1,291 people were covered by the Palliative Care Drug Program. Of these, 410 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Alberta Blue Cross Non-Group Coverage.

(3) Persons eligible for basic health services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(4) Individuals covered under the Seniors, Widows' Pension, or Palliative Care categories receive premium-free coverage.

Table 4.3
Alberta Blue Cross Non-Group Coverage:
Persons Covered by Age and Gender
as at March 31, 2003, 2004, 2005, 2006 and 2007[1][2]

Age Group	Total					Male					Female				
	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007	2002/ 2003	2003/ 2004	2004/ 2005	2005/ 2006	2006/ 2007
Under 1	806	883	905	938	1,031	399	430	453	486	510	407	453	452	452	521
1 - 4	3,782	3,936	3,871	4,128	4,328	1,867	1,935	1,935	2,065	2,163	1,915	2,001	1,936	2,063	2,165
5 - 14	15,895	16,089	16,363	16,239	16,499	8,284	8,393	8,416	8,367	8,432	7,611	7,696	7,947	7,872	8,067
15 - 24	22,109	23,085	24,115	24,010	24,189	10,655	11,158	11,646	11,564	11,786	11,454	11,927	12,469	12,446	12,403
25 - 44	26,076	26,497	26,701	26,967	27,579	11,276	11,375	11,360	11,494	11,818	14,800	15,122	15,341	15,473	15,761
45 - 64	98,669	102,205	106,996	109,419	112,728	34,482	35,966	37,709	38,662	40,102	64,187	66,239	69,287	70,757	72,626
65 - 74	174,327	177,299	182,088	185,488	189,721	83,839	85,422	88,351	90,034	91,895	90,488	91,877	93,737	95,454	97,826
75 & Older	144,139	149,084	154,814	161,505	167,355	56,868	59,272	62,057	65,279	68,239	87,271	89,812	92,757	96,226	99,116
Total	**485,803**	**499,078**	**515,853**	**528,694**	**543,430**	**207,670**	**213,951**	**221,927**	**227,951**	**234,945**	**278,133**	**285,127**	**293,926**	**300,743**	**308,485**

Age Group	Percentage Change Total				Percentage Change Male				Percentage Change Female			
	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006	2004/ 2003	2005/ 2004	2006/ 2005	2007/ 2006	2004/ 2003	2005/ 2004	2006/ 2005	2007 /2006
Under 1	9.55	2.49	3.65	9.91	7.77	5.35	7.28	4.94	11.30	(0.22)	0.00	15.27
1 - 4	4.07	(1.65)	6.64	4.84	3.64	0.00	6.72	4.75	4.49	(3.25)	6.56	4.94
5 - 14	1.22	1.70	(0.76)	1.60	1.32	0.27	(0.58)	0.78	1.12	3.26	(0.94)	2.48
15 - 24	4.41	4.46	(0.44)	0.75	4.72	4.37	(0.70)	1.92	4.13	4.54	(0.18)	(0.35)
25 - 44	1.61	0.77	1.00	2.27	0.88	(0.13)	1.18	2.82	2.18	1.45	0.86	1.86
45 - 64	3.58	4.69	2.26	3.02	4.30	4.85	2.53	3.72	3.20	4.60	2.12	2.64
65 - 74	1.70	2.70	1.87	2.28	1.89	3.43	1.90	2.07	1.54	2.02	1.83	2.48
75 & Older	3.43	3.84	4.32	3.62	4.23	4.70	5.19	4.53	2.91	3.28	3.74	3.00
	2.73%	**3.36%**	**2.49%**	**2.79%**	**3.02%**	**3.73%**	**2.71%**	**3.07%**	**2.51%**	**3.09%**	**2.32%**	**2.57%**

(1) Persons Covered includes all persons covered by Alberta Blue Cross as at March 31 each year.
(2) The population figures are as at March 31, calculated in July each year.

Table 4.4
Alberta Blue Cross Non-Group Coverage:
Number of Discrete Recipients and Amounts Paid by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2007[1]

Subsidy Level and Type of Service	Discrete Recipients	Net Payment[2]	Net Payment per Recipient
Regular Premium			
Ambulance	2,401	$616,194	$257
Drugs	87,276	100,317,939	1,149
Hospital Accommodation	900	136,859	152
Other[3]	847	133,256	157
Subtotal	**87,651**	**101,204,249**	**$1,155**
Subsidized Premium[4]			
Ambulance	1,138	311,631	274
Drugs	34,004	32,611,267	959
Hospital Accommodation	320	50,702	158
Other	150	22,999	153
Subtotal	**34,144**	**32,996,599**	**$966**
Seniors[5][6]			
Ambulance	42,649	16,845,487	395
Drugs	353,089	451,770,788	1,279
Hospital Accommodation			
Other	5,728	5,335,423	931
Subtotal	**356,642**	**473,951,697**	**$1,329**
Widows' Pension[6]			
Ambulance	80	27,968	350
Drugs	1,095	1,170,099	1,069
Hospital Accommodation			
Other	4	1,344	336
Subtotal	**1,113**	**1,199,412**	**$1,078**
Palliative Care[6]			
Ambulance			
Drugs	769	2,005,132	2,607
Hospital Accommodation			
Other			
Subtotal	**769**	**2,005,132**	**$2,607**
Total			
Ambulance	46,249	17,801,280	385
Drugs	472,020	587,875,225	1,245
Hospital Accommodation	1,220	187,561	154
Other	6,722	5,493,023	817
Total	**476,087**	**$611,357,089**	**$1,284**

(1) A blank cell represents a zero value.
(2) The sums of the net payments may not match the sub-totals or totals due to rounding.
(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.
(4) Persons eligible for basic health services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.
(5) Seniors refers to the Alberta Blue Cross membership category of Account Holder or Spouse/Partner Age 65 or Older and their dependants.
(6) Coverage for Seniors, Widows' Pension and Palliative Care is provided premium-free.

Table 4.5
Alberta Blue Cross Non-Group Coverage:
Number of Drug Prescriptions and Cost of Benefits
For Prescription Drugs and Over-the-Counter Products
for the Year Ending March 31, 2007[1]

Prescription Type and Membership Category	Number of Prescriptions	Net Payment[2]
Prescription Drugs[6]		
Regular Premium	1,350,965	$98,908,281
Subsidized Premium[3]	548,272	32,042,746
Seniors[4][5]	9,080,363	445,916,597
Widows' Pension[5]	20,381	1,154,190
Palliative Care[5]	27,026	1,970,499
Subtotal	**11,027,007**	**$579,992,313**
Over-The-Counter[7]		
Regular Premium	43,918	1,466,467
Subsidized Premium	17,528	568,499
Seniors	277,371	6,091,288
Widows' Pension	594	16,961
Palliative Care	3,160	34,662
Subtotal	**342,571**	**$8,177,876**
Adjustments[8]		
Regular Premium	21	(56,808)
Subsidized Premium	1	21
Seniors	26	(237,097)
Widows' Pension	1	(1,051)
Palliative Care	1	(29)
Subtotal	**50**	**($294,964)**
All Prescriptions		
Regular Premium	1,394,904	100,317,939
Subsidized Premium[3]	565,801	32,611,267
Seniors[4][5]	9,357,760	451,770,788
Widows' Pension[5]	20,976	1,170,099
Palliative Care[5]	30,187	2,005,132
Total	**11,369,628**	**$587,875,225**

(1) A blank cell represents a zero value.
(2) The sums of the net payments may not match the sub-totals or totals due to rounding.
(3) Persons eligible for basic health services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.
(4) Seniors refers to the Alberta Blue Cross membership category of Account Holder or Spouse/Partner Age 65 or Older and their dependants.
(5) Coverage for these groups is provided premium-free.
(6) Refers to a drug type not available without a prescription.
(7) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.
(8) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations), refunds, etc.

Table 4.6
Number and Percentage Change of
Licensed Community Pharmacies in Alberta
as at March 31, 2003, 2004, 2005, 2006 and 2007

Year	Number of Pharmacies	Percentage Change from the Prior Year
2002/2003	832	n.a.
2003/2004	865	3.97
2004/2005	865	0.00
2005/2006	893	3.24
2006/2007	912	2.13
Annual Average Percentage Change for Last 5 Years		**2.32**

Did You Know?

Drugs, 17% of total Canadian health expenditures, continue to be one of the fastest-growing categories of health care spending.
Source: Canadian Institute for Health Information website

Did You Know?

Since 1997, drugs have accounted for the second largest share, after hospitals, among major categories of health spending.
Source: Canadian Institute for Health Information website

Table 4.7
Alberta Blue Cross Non-Group Coverage:
Ten Highest Prescription Drug Expenditures
by Net Payment and Coverage Category
for the Year Ending March 31, 2007[1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions	Number of People	Net Payment ($)
All Groups						
	Pantoloc	40mg	Ulcer Treatment	182,262	41,531	$20,688,686
	Lipitor	10 mg	Cholesterol Lowering Agent	165,293	42,113	19,695,739
	Lipitor	20 mg	Cholesterol Lowering Agent	119,858	30,149	17,598,227
	Prevacid	30 mg	Ulcer Treatment	105,154	28,162	13,950,160
	Norvasc	5 mg	High Blood Pressure/Angina	145,347	33,634	11,877,038
	Norvasc	10 mg	High Blood Pressure/Angina	80,825	18,471	10,381,788
	Plavix	75 mg tablet	Prevention Heart Attack & Stroke	73,443	14,339	9,241,593
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	116,903	35,352	8,860,558
	Altace	10 mg	High Blood Pressure	130,369	29,405	8,773,582
	Lipitor	40 mg	Cholesterol Lowering Agent	57,354	14,189	8,650,223
Regular and Subsidized Premium[2]						
	Copaxone	20 mg/syringe	Multiple Sclerosis	5,895	791	8,409,432
	Remicade	100 mg/vial	Rheumatoid Arthritis/Crohn's Disease	2,229	355	4,794,176
	Rebif	12 million IU/syringe	Multiple Sclerosis	2,726	324	4,459,002
	Enbrel	25 mg/vial	Rheumatoid Arthritis/Crohn's Disease	3,607	358	3,517,384
	Pantoloc	40 mg	Ulcer Treatment	23,224	6,718	2,919,816
	Lipitor	20 mg	Cholesterol Lowering Agent	19,197	5,490	2,807,002
	Lipitor	10 mg	Cholesterol Lowering Agent	22,533	6,495	2,655,220
	Prevacid	30 mg	Ulcer Treatment	18,944	5,708	2,514,877
	Betaseron	9.6 million IU/vial	Multiple Sclerosis	1,274	169	2,160,250
	Effexor	75 mg	Depression treatment	4,512	18,490	1,868,158
Seniors[3]						
	Pantoloc	40 mg	Ulcer Treatment	158,215	34,581	17,687,799
	Lipitor	10 mg	Cholesterol Lowering Agent	142,383	35,495	16,994,910
	Lipitor	20 mg	Cholesterol Lowering Agent	100,412	24,577	14,749,757
	Prevacid	30 mg	Ulcer Treatment	85,893	22,338	11,390,903
	Norvasc	5 mg	High Blood Pressure/Angina	133,276	30,260	10,841,377
	Norvasc	10 mg	High Blood Pressure/Angina	70,637	15,825	8,985,952
	Plavix	75 mg tablet	Prevention Heart Attack & Stroke	67,574	12,977	8,481,819
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	101,341	29,821	7,600,922
	Altace	10 mg	High Blood Pressure/Angina	111,054	24,505	7,457,820
	Flomax	0.4 mg	Prostate Treatment	48,155	11,532	7,166,228

continued...

(1) The sums of the net payments may not match the totals due to rounding.

(2) Persons eligible for Basic Health Services at reduced premium rates were also eligible for Alberta Blue Cross Non-Group Coverage at reduced premium rates.

(3) Seniors refers to the Alberta Blue Cross membership category of Account Holder or Spouse/Partner Age 65 or Older and their dependants.

Table 4.7
Alberta Blue Cross Non-Group Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2007[1]

Coverage Category	Drug Name	Strength	Major Uses	Number of Prescriptions	Number of People	Net Payment ($)
Widows' Pension						
	Pantoloc	40 mg	Ulcer Treatment	309	103	$48,617
	Lipitor	10 mg	Cholesterol Lowering Agent	359	117	43,770
	Lipitor	20 mg	Cholesterol Lowering Agent	230	78	39,986
	Pegasys RBV (Kit)	180 mcg; 200 mg	Hepatitis C Treatment	20	2	34,561
	Prevacid	30 mg	Ulcer Treatment	215	78	33,738
	Norvasc	10 mg	High Blood Pressure/Angina	144	42	21,995
	Apo-Omeprazole (capsule)	20 mg	Ulcer Treatment	216	71	18,019
	Celebrex	200 mg	Arthritis	150	68	17,499
	Norvasc	5 mg	High Blood Pressure/Angina	180	56	17,411
	Losec	20 mg	Ulcer Treatment	170	63	16,589
Palliative Care						
	Eprex	10,000 units/ml	Hematopoietic Agent	117	15	113,050
	Aranesp	500 mcg/ml	Anemia in Chronic Renal Failure	82	12	101,079
	Sandostatin LAR	20 mg/vial	Severe Nausea/Vomiting	84	9	94,411
	Sandostatin LAR	30 mg/vial	Rare Endocrine Tumor	70	5	91,377
	Duragesic	100 mcg/hr patch	Pain Management	212	51	81,118
	Zofran	8 mg	Severe Nausea/Vomiting	374	96	77,959
	Innohep	20,000 IU/ml	Anticoagulant/Antithrombotic	185	40	77,386
	Octreotide Acetate Omega	200 mcg/ml	Severe Diarrhea Associated With Various Cancers	256	27	68,620
	Fragmin	25,000 IU/ml	Prevention of Blood Clots	158	38	68,598
	Bonefos	60 mg/ml inject'n	High Calcium Blood Level	180	28	55,715

(1) The sums of the net payments may not match the totals due to rounding.

Did You Know?

In 2006/2007, the ten highest cost drugs were used to treat common chronic conditions such as high cholesterol, high blood pressure and stomach ulcers.

Table 4.8
Alberta Blue Cross Non-Group Coverage:
Average Gross Cost per Prescription by Broad Drug Category
(Direct Bill and Reimbursement Claims)
for Recipients in All Groups
for the Year Ending March 31, 2007[1]

Broad Drug Category	Number of Prescriptions	Net Payments	Co-Insurance Amount	Coordination of Benefits[2]	Average Gross Cost per Prescription[3]
Antihistamines	526	$14,146	$3,412	$42	$33.46
Antineoplastic Agents	25,618	906,058	314,003	23,169	48.53
Antitussives, Expectorants, Mucolytics	2,153	83,296	20,294	1,080	48.62
Anti-Infective Agents	622,252	16,361,216	5,334,815	470,241	35.62
Autonomic Drugs	466,374	36,710,673	6,572,776	397,430	93.66
Blood Formation and Coagulation	298,212	22,345,440	2,237,032	450,067	83.94
Cardiovascular Drugs	2,973,577	200,544,582	46,706,222	1,981,842	83.82
Central Nervous System Drugs	2,368,380	91,114,591	22,826,944	2,144,494	49.01
Compound Drugs					
Devices	5,889	105,682	45,497	935	25.83
Diagnostic Agents					
Electrolytic, Caloric, Water Balance	829,209	8,358,888	3,534,530	99,829	14.46
Enzymes	451	1,881,523	5,395	827	4,185.69
Eye, Ear, Nose & Throat Preparations	340,261	9,071,055	3,112,134	94,581	36.08
Gastrointestinal Drugs	751,130	64,777,314	11,691,588	980,127	103.11
Gold Compounds	1,274	76,267	20,293	1,189	76.73
Heavy Metal Antagonists	985	196,496	19,807	4,170	223.83
Hormones & Synthetic Substitutes	1,397,735	45,695,186	12,286,720	788,043	42.05
Local Anaesthetics	17	352	116		27.54
Serums, Toxoids, and Vaccines	2,221	134,703	30,714	1,352	75.09
Skin & Mucous Membrane Preparations	294,995	5,173,336	2,083,153	100,041	24.94
Smooth Muscle Relaxants	67,949	2,834,212	722,703	25,394	52.72
Out of Country & Special Access	1,553	65,245	13,061	880	50.99
Unclassified Therapeutic Agents	834,690	80,813,227	11,392,416	5,612,987	117.19
Undetermined	50	(294,964)	138	(110)	(5,898.70)
Vitamins	84,127	906,701	330,601	17,812	14.92
Total[4]	**11,369,628**	**$587,875,225**	**$129,304,366**	**$13,196,423**	**$64.24**

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy. A reimbursement claim is submitted for reimbursement to Alberta Blue Cross by the person covered.

(2) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(3) Gross Cost = Net Payment + Co-Insurance Amount + Coordination of Benefits.

(4) The sums of the columns may not match the totals due to rounding.

Table 4.9
Alberta Blue Cross Non-Group Coverage:
Number of Prescriptions and Gross Payments
by Drug Cost Components (Direct Bill Claims Only)
for the Year Ending March 31, 2007[1]

Recipient Group	Number of Prescriptions	Drug Material Cost [A]	Dispensing Fee[2] [B]	Additional Inventory Allowance[3] [C]	Adjustment [D]	Gross Payment[4] [E]	Co-Payments [F]	Coordination of Benefit[5] [G]	Net Payment[6] [H]
Regular and Subsidized Premium	1,919,666	141,858,890	19,655,860	2,134,460	(57,326)	163,591,884	22,402,947	10,160,646	131,028,291
Seniors	9,330,586	455,277,443	92,875,184	10,389,843	(238,061)	558,304,410	105,569,828	2,203,043	450,531,539
Widows' Pension	20,843	1,188,587	210,682	25,048	(1,051)	1,423,266	249,895	10,520	1,162,850
Palliative Care	29,389	1,878,581	368,866	20,156	(29)	2,267,574	187,009	111,174	1,969,390
Average Cost per Prescription		53.11	10.01	1.11		64.21	11.36	1.10	51.74
Total[7]	**11,300,484**	**$600,203,501**	**$113,110,592**	**$12,569,507**	**-$296,467**	**$725,587,133**	**$128,409,679**	**$12,485,384**	**$584,692,071**

(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.

(2) The dispensing fee is the portion of the overall prescription charge that covers pharmacists' professional services and all other business costs. Dispensing fee is based on all eligible drug claims, including claims for oral contraceptives, insulin and injectables.

(3) Additional Inventory Allowance is a portion of the dispensing fee. The total price of prescription is made up of the actual acquisition cost of the drug and the dispensing fee. Additional Inventory Allowance may include upcharge (mark-up) amounts for prescriptions for Albertans submitted by pharmacies in the Northwest Territories.

(4) Gross Payment [E] = [A] + [B] + [C] + [D]

(5) Coordination of Benefits would apply in situations where a person can submit a claim to more than one supplementary health plan. Coordination of Benefits represents amounts paid by other payers.

(6) Net Payment [H] = [E] - [F] - [G]

(7) The sums of the columns may not match the totals due to rounding.

Glossary/Definitions

Alberta Blue Cross Group Plan
Health insurance coverage Alberta Blue Cross provides to Albertans through groups, such as employers, which is not subsidized by the government. Data for this coverage are not included in the Statistical Supplement.

Alberta Blue Cross Non-Group Plans
Government subsidized supplemental health insurance coverage for drugs and selected health services, administered by Alberta Blue Cross on behalf of Alberta Health and Wellness.

Alberta Health Care Insurance Plan (AHCIP)
A non-profit, publicly funded plan administered and operated by Alberta Health and Wellness under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dental/oral surgical services as required under the *Canada Health Act*, and a number of allied health services provided to eligible residents of Alberta.

Alternate Relationship Plans (ARPs)
Plans that provide physicians with an alternative to the traditional fee-for-service billing payment method, and provide physicians with flexibility in the way they provide care. ARPs enable a team-based approach and promote improved access to care, patient satisfaction and the recruitment/retention of physicians.

Allied Health Services
Basic health services (other than insured services) provided by chiropractors, optometrists, and podiatrists.

Basic Health Services
Insured services provided by physicians and dentists/oral surgeons as well as some services covered by the Alberta Health Care Insurance Plan provided by optometrists, chiropractors, and podiatrists.

Blank Cell
Represents a zero value.

Bracketed Data
Bracketed data ( ) indicate negative figures.

Discrete Patients
The number of individuals registered with the Alberta Health Care Insurance Plan (AHCIP) who received a basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

Discrete Service Providers
The number of practitioners who provided a service payable under the Alberta Health Care Insurance Plan. Discrete service providers are only counted once.

Fee-for-Service
Fee-for-service is a standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

Fiscal Year
April 1 of one year to March 31 of the following year.

Health Regions
A defined geographic area within Alberta that has been assigned responsibility for and authority over the delivery of health care services within its boundaries. There are currently nine health regions in Alberta.

Insured Services
Physician and dental/oral surgical services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

Medical Assessments
Primarily office visits and consultations.

Medical Services
Services provided by a physician.

N/A
Not available.

n.a.
Not applicable.

--
Non-zero value; actual value was too small to be shown.

Net Payment
The amount of the total prescription drug cost that is paid by Alberta Health and Wellness through the Alberta Blue Cross Non-Group plans.

Nil
No change.

Number of Services
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

Practitioner
Licensed health care provider who is registered with the Alberta Health Care Insurance Plan and provides basic health services.

Practitioner Payments
Gross fee-for-service practitioner payments made by the Alberta Health Care Insurance Plan for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data is reported on a date-of-service basis and includes only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

Primary Care Networks (PCNs)
Networks of family physicians that use a team approach with other health care professionals to coordinate primary care for their patients.

Recipient Location
The health region where the person who received the health service lived at the time of service (according to the Alberta Health Care Insurance Plan registration data).

Registration
The number of accounts registered with the Alberta Health Care Insurance Plan. A registration may include one person (as in single coverage) or two or more people (as in family coverage).

Registered/Insured Persons
Alberta residents insured under a program and therefore entitled to receive benefits.

Schedule of Benefits
List of practitioner services and rates paid by the Alberta Health Care Insurance Plan. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The Statistical Supplement includes data for five distinct benefit schedules (medical, oral and maxillofacial surgery, chiropractic, optometry and podiatry).

Service Location
The health region where a health service was provided.

Year at a Glance

	2005/2006	2006/2007
Total Albertans covered under the Alberta Health Care Insurance Plan	3,275,931	3,384,625
Non-seniors	2,888,208	2,985,949
Seniors	387,723	398,676
Alberta Health Care Insurance Plan premium rates		
Single coverage	$44	$44
Family coverage (two or more persons)	$88	$88
Number of Albertans receiving full or partially subsidized premiums	796,994	818,875
Per cent of total population	24%	24%
Percentage change from prior year	9%	3%
Number of Albertans receiving fully subsidized premiums	747,408	787,471
Percentage change		5%
Amount paid to Alberta practitioners (fee-for-service)	$1,545,194,417	$1,632,974,756
Physicians	$1,472,634,054	$1,558,128,163
Allied Practitioners	$72,560,363	$74,846,593
Average annual fee-for-service payment		
Physicians	$263,677	$266,347
Specialists	$334,368	$335,770
Number of practitioners who submitted fee-for-service claims	7,108	7,411
Physicians	5,585	5,850
General Practitioners	3,122	3,237
Dentists/Oral Surgeons	230	220
Chiropractors	861	890
Optometrists	382	397
Podiatrists	50	54
Number of physicians by gross payment range (fee-for-service)		
Less than $500,000	5,055	5,247
More than $500,000	530	603
More than $1 million	104	123
More than $2 million	18	20
Alternate Relationship Plans		
Total expenditures	$109,337,926	$151,295,359
Total Alternate Relationship Plans	34	37
Total physicians	873	862

	2005/2006	2006/2007
Primary Care Networks		
Total payments	$24,891,079	$78,520,586
Total Primary Care Networks	14	19
Total physicians	599	949
Total patients enrolled	753,522	1,241,630
Allied services provided (fee-for-service)		
Total number of services provided	3,978,369	4,050,293
Average number of services per practitioner	2,612	2,595
Payments for services received by patients in Region where they reside	87%	86%
Chinook Regional Health Authority	82%	80%
Palliser Health Region	97%	97%
Calgary Health Region	76%	76%
David Thompson Regional Health Authority	51%	51%
East Central Health Region	97%	97%
Capital Health	52%	52%
Aspen Regional Health Authority	79%	78%
Peace Country Health Region	72%	70%
Northern Lights Health Region	3%	2%
Unknown		
Amount spent on Alberta Blue Cross Non-Group coverage	$574,362,493	$611,357,089
Non-seniors	$126,256,087	$134,200,848
Seniors	$444,927,351	$473,951,697
Widows' Pension	$1,480,676	$1,199,412
Palliative Care	$1,698,379	$2,005,132
Number of community-based pharmacies in Alberta	893	912